

OFFICE OF ADMINISTRATIVE LAW

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Debra M. Cornez
Director

FILED
in the office of the Secretary of State
of the State of California



JAN 12 2016

At 2:03 O'Clock P M.

By [Signature]
Deputy Secretary of State

January 12, 2016

TO: Secretary of State, State of California; Ruth Lafler, Barclays Law Publishers

FROM: Dale Mentink, Senior Counsel **DM**

RE: OAL file no. 2015-1119-03NR; Department of Social Services; Erratum Notice, California Code of Regulations Title 22, section 81064

OAL file no. 2015-1119-03NR
Department of Social Services
Date filed with the Secretary of State: January 5, 2016

The text of amended section 81064 of title 22 of the California Code of Regulations contains a subdivision numbering error. In section 81064, after “(d~~e~~) (Continued)” the text should next show “(e)(f) (Continued)”. Following that, subdivision (f) should appear as “(f)(g)”, and subdivision (g) should appear as “(g)(h)”, and subdivision (h) should be struck out and replaced with “(i)”. Attached to this memorandum is a copy the relevant Form STD 400 for this filing and the three affected pages of the text with these corrections hand written on the pages.

Secretary of State: Please place this document with OAL file no. 2015-1119-03NR.

Please contact me at 916-323-4237 or dmentink@oal.ca.gov if you have any questions. Thank you for your attention to this matter.

Attachment

cc: Everardo Vaca, Department of Social Services

NOTICE PUBLICATION REGULATIONS SUBMISSION

(See instructions on back)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE
NUMBERS

NOTICE FILE NUMBER

Z-

REGULATORY ACTION NUMBER

2015-1119-03 NR

EMERGENCY NUMBER

For use by Office of Administrative Law (OAL) only

ENDORSED - FILED

In the office of the Secretary of State
of the State of California

JAN -5 2016

2:11 PM

2015 NOV 19 P 4: 14
OFFICE OF
ADMINISTRATIVE LAW

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

California Department of Social Services

AGENCY FILE NUMBER (if any)

ORD #1114-09

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)		FIRST SECTION AFFECTED		2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE ☐ Notice re Proposed ☐ Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER		FAX NUMBER (Optional)	
OAL USE ONLY		ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER		PUBLICATION DATE	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Social Rehabilitation Facilities, Section 100, Non-Substantive Changes		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2015-0522-02N	
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT See attachment
	AMEND See attachment
	REPEAL
TITLE(S) 22	

3. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code §11346)	☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §511346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☒ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☒ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §511349.3, 11349.4)		☐ File & Print	☐ Print Only
☐ Emergency (Gov. Code, §11346.1(b))	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	☐ Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) N/A

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

☐ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	☐ Effective on filing with Secretary of State	☒ \$100 Changes Without Regulatory Effect	☐ Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☐ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify) _____		

7. CONTACT PERSON Ying Sun, Manager, Office of Regulations	TELEPHONE NUMBER (916) 651-8267	FAX NUMBER (Optional) (916) 654-3286	E-MAIL ADDRESS (Optional) Ying.Sun@dss.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 11/17/15
TYPED NAME AND TITLE OF SIGNATORY Brian Dougherty, Deputy Director, Administration Division	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JAN 05 2016

Office of Administrative Law

Notice Publication/Regulations Submission, STD. 400
California Department of Social Services
Social Rehabilitation Facilities Regulations, Section 100 Editorial, Non-Substantive
Changes (ORD #1114-09)
Section B.2. Specify California Code of Regulations Title(s) and Section(s):

Title 22, Division 6

Adopt Sections:

81005, 81006, 81007, 81008, 81011, 81012, 81017, 81019, 81019.1, 81020, 81021,
81023, 81025, 81026, 81028, 81029, 81030, 81034, 81035, 81036, 81040, 81043, 81044,
81045, 81046, 81052, 81053, 81054, 81055, 81055.1, 81056, 81058, 81059, 81062,
81063, 81069.2, 81071, 81073, 81074, 81075.1, 81077.2, 81077.3, 81077.4, 81077.5,
81086, 81090, 81091, 81092, 81092.1, 81092.2, 81092.3, 81092.4, 81092.5, 81092.6,
81092.7, 81092.8, 81092.9, 81092.10, 81092.11, 81093, 81094, and 81094.5

Amend Sections:

80000, 80001, 80019, 80065, 80068, 80068.5, 80069, 80069.2, 80070, 80075, 80077.2,
80077.5, 80088, 80092.1, 80092.2, 81000, 81001, 81009, 81010, 81018, 81022, 81024,
81027, 81031, 81042, 81051, 81060, 81061, 81064, 81064.1, 81065, 81065.5, 81065.6,
81066, 81068, 81068.1, 81068.2, 81068.3, 81068.4, 81068.5, 81069, 81070, 81072,
81075, 81076, 81078, 81079, 81080, 81087, 81087.2, 81087.3, and 81088

Amend Section 81064 to read:

81064 ADMINISTRATOR - QUALIFICATIONS AND DUTIES

81064

(a) ~~In addition to section 80064, the following shall apply:~~

(b) All ~~S~~ocial ~~R~~ehabilitation ~~F~~acilities shall have an administrator.

(eb) The administrator shall have the following qualifications prior to employment:

- (1) One year of full-time work experience in a management or administrative position;
and,
- (2) Completion, with a passing grade, of 15 college or continuing education semester or equivalent quarter units, of which 9 units ~~which~~ shall be in administration and/or management.
 - (A) Three years of full-time work experience in a management or administrative position may be substituted to meet the requirement of Section 81064(b)(2) above.

(c) The administrator shall have the following qualifications:

- (1) Attainment of at least 18 years of age.
- (2) Knowledge of the requirements for providing the type of care and supervision needed by clients, including the ability to communicate with such clients.
- (3) Knowledge of and ability to comply with applicable law and regulation.
- (4) Ability to maintain, or supervise the maintenance of, financial and other records.
- (5) Ability to direct the work of others, when applicable.
- (6) Ability to establish the facility's policy, program and budget.
- (7) Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff, if applicable to the facility.

(d) Each licensee shall make provision for continuing operation and carrying out of the administrator's responsibilities during any absence of the administrator.

(de) (Continued)

(e) (f) (Continued)

~~(f)~~(g) Persons employed as the administrator in an Adult Residential Facility serving clients who meet the definition of "mental illness" as contained in ~~s~~Section 81001(m-)(13) as of the effective date of this section, shall not be required to meet the education/experience requirements specified in Section 81064(eb) above.

~~(g)~~(h) If the administrator is also the program director, he/she shall also meet the requirements of the program director set forth in California Code of Regulations, ~~§~~Title 9, Division 1, Subchapter 3, aArticle 3.5, sSections 532.6(f), (g), and (i).

HANDBOOK BEGINS HERE

(1) Refer to Section 81064.1(~~de~~)(1) for additional qualifications of a director.

Title 9, Division 1, Chapter 3, Article 3.5, Section 532.6 provides in pertinent part:

(f) The program director of a certified Short-Term Crisis Residential Treatment Program shall have the following qualifications prior to employment.

(1) A Bachelor's Degree in Psychology, Social Work or any other major which includes at least 24 semester college units in one or more of the following subject areas:

(A) Psychology

(B) Social Work

(C) Sociology

(D) Behavioral Sciences

(E) Psychiatric Nursing; and

(2) Two (2) years of full-time work experience in a community program that serves clients who have a mental illness. Such experience must be in the direct provision of services to clients, of which one (1) year must be in the position of supervising direct care staff, or

(3) As an alternative to the Bachelor Degree and experience required in paragraph (1) and (2) of this subsection, a total of four (4) years of experience in a community program providing direct services to persons with mental disabilities, of which one (1) year must be in the position of supervising direct care staff, and graduation from high school or possession of a GED may be substituted.

(g) The program director of a certified Transitional Residential Treatment Program or a certified Long-Term Residential Treatment Program shall have the following qualifications prior to employment.

(1) A Bachelor's Degree in Psychology, Social Work or any other major which includes at least 24 semester college units in one or more of the following subject areas:

- (A) Psychology
- (B) Social Work
- (C) Sociology
- (D) Behavioral Sciences
- (E) Psychiatric Nursing; and

(2) One (1) year of full-time work experience in a community program that serves clients who have a mental illness. Such experience must be in the direct provision of services to clients, of which four (4) months must be in a position of supervising direct care staff.

(3) As an alternative to the Bachelor's Degree and experience required in paragraphs (1) and (2) of this subsection, a total of three years of experience in providing direct services in the community to persons with mental illnesses, of which six (6) months must be in a position of supervising direct care staff, and graduation from high school or possession of a GED may be substituted.

(i) Program directors and all direct care staff of social rehabilitation programs as of the date that this section is adopted shall be considered as meeting all of the requirements of this section until two (2) years after the effective date of this section, at which time the requirements of this section shall be met in full.

HANDBOOK ENDS HERE

- (i) ~~(h)~~ The licensee, if an individual, or any member of the governing board of the licensed corporation or association, shall be permitted to be the administrator provided that he/she meets the qualifications specified in this Chapter.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5453 5670 and 5458 5671, Welfare and Institutions Code; Sections 1501, and 1502(a)(7) and 1531, Health and Safety Code.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See Instructions on reverse)

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2015-1119-03 NR	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY

California Department of Social Services

For use by Secretary of State only

FILED

in the office of the Secretary of State
of the State of California

JAN - 5 2016

At 2:11 O'Clock P M.By [Signature]
Deputy Secretary of State

AGENCY FILE NUMBER (if any)

ORD #1114-09

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE: ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Social Rehabilitation Facilities, Section 100, Non-Substantive Changes	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2015-0522-02N
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT See attachment AMEND See attachment REPEAL
TITLE(S) 22	

3. TYPE OF FILING			
☐ Regular Rulemaking (Gov. Code §11346)	☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☒ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☒ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)		☐ File & Print	☐ Print Only
☐ Emergency (Gov. Code, §11346.1(b))	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	☐ Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

N/A

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

☐ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	☐ Effective on filing with Secretary of State	☒ §100 Changes Without Regulatory Effect	☐ Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☐ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify) _____		

7. CONTACT PERSON Ying Sun, Manager, Office of Regulations	TELEPHONE NUMBER (916) 651-8267	FAX NUMBER (Optional) (916) 654-3286	E-MAIL ADDRESS (Optional) Ying.Sun@dss.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <u>[Signature]</u>	DATE 11/17/15
TYPED NAME AND TITLE OF SIGNATORY Brian Dougherty, Deputy Director, Administration Division	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JAN 05 2016

Office of Administrative Law

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-2013) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Gov. Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Gov. Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Gov. Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number(s) for the original emergency filing(s) in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for readoption, use a new STD. 400 and fill out Part B, including the signed certification, and insert the OAL file number(s) related to the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B).

CHANGES WITHOUT REGULATORY EFFECT

When submitting changes without regulatory effect pursuant to California Code of Regulations, Title 1, section 100, complete Part B, including marking the appropriate box in both B.3. and B.5.

ABBREVIATIONS

Cal. Code Regs. - California Code of Regulations

Gov. Code - Government Code

SAM - State Administrative Manual

For questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law Reference Attorney at (916) 323-6815.

Notice Publication/Regulations Submission, STD. 400
California Department of Social Services
Social Rehabilitation Facilities Regulations, Section 100 Editorial, Non-Substantive
Changes (ORD #1114-09)
Section B.2. Specify California Code of Regulations Title(s) and Section(s):

Title 22, Division 6

Adopt Sections:

81005, 81006, 81007, 81008, 81011, 81012, 81017, 81019, 81019.1, 81020, 81021,
81023, 81025, 81026, 81028, 81029, 81030, 81034, 81035, 81036, 81040, 81043, 81044,
81045, 81046, 81052, 81053, 81054, 81055, 81055.1, 81056, 81058, 81059, 81062,
81063, 81069.2, 81071, 81073, 81074, 81075.1, 81077.2, 81077.3, 81077.4, 81077.5,
81086, 81090, 81091, 81092, 81092.1, 81092.2, 81092.3, 81092.4, 81092.5, 81092.6,
81092.7, 81092.8, 81092.9, 81092.10, 81092.11, 81093, 81094, and 81094.5

Amend Sections:

80000, 80001, 80019, 80065, 80068, 80068.5, 80069, 80069.2, 80070, 80075, 80077.2,
80077.5, 80088, 80092.1, 80092.2, 81000, 81001, 81009, 81010, 81018, 81022, 81024,
81027, 81031, 81042, 81051, 81060, 81061, 81064, 81064.1, 81065, 81065.5, 81065.6,
81066, 81068, 81068.1, 81068.2, 81068.3, 81068.4, 81068.5, 81069, 81070, 81072,
81075, 81076, 81078, 81079, 81080, 81087, 81087.2, 81087.3, and 81088

Amend Section 80000 to read:

80000 GENERAL

80000

- (a) The general regulations in this chapter shall apply to all community care facilities regulated by Division 6, Chapters 2, 4 through 7, and Chapter 9, except where specifically exempted. Additional or special requirements found in the corresponding chapters pertaining to each category shall apply only to such individual facility categories.
- (b) (Continued)

Authority Cited: Sections 1530 and 1530.5, Health and Safety Code

Reference: ~~Sections 5453 and 5458, Welfare and Institutions Code;~~ Sections 1501, 1502, ~~1502(a)(7),~~ 1530 and 1531, Health and Safety Code.

Amend Section 80001 to read:

80001 DEFINITIONS

80001

The following general definitions shall apply wherever the terms are used throughout Division 6, Chapters 1, 2, 4 through 7, and Chapter 9, except where specifically noted otherwise. Additional definitions found at the beginning of each chapter in this division shall apply only to such specific facility category.

(a) (1) (Continued)

(4) "Adult Community Care Facility" (Adult CCF) means an adult residential facilities facility (ARF) ~~and social rehabilitation facilities (SRF)~~. (Continued)

(i) (1) (Continued)

(3) "Interdisciplinary Team" (IDT) means a team that assists the Department in evaluating the need for relocating a client of an ARF ~~or an SRF~~ when the client requests a review of the Department's Health Condition Relocation Order. This team consists of a nurse practitioner and a social worker, designated by the Department, with experience in the needs of the client population. Persons selected for an IDT shall not have been involved in the initial decision to issue a relocation order for the client in question. (Continued)

(s) (1) (Continued)

(4) ~~"Social Rehabilitation Facility" means any facility which provides 24 hour a day nonmedical care and supervision in a group setting to adults recovering from mental illness who temporarily need assistance, guidance or counseling.~~

~~(54)~~ (Continued)

~~(65)~~ (Continued)

~~(76)~~ (Continued)

~~(87)~~ (Continued)

Authority Cited: Sections 1502, 1522.41(j), 1524(e), 1530 and 1530.9, Health and Safety Code.

Reference: Sections 1501, 1502, ~~1502(a)(7) and~~ 1502(a)(8), 1502.5, 1503, 1503.5, 1505, 1507, 1508, 1509, 1511, 1520, 1522, 1524, 1524(e), 1525, 1525.5, 1526, 1527, 1530, 1530.5, 1531, 1531.1, 1533, 1534, 1536.1, 1537, 1538.5, 1550, 1551, 1556, 1569.699(a), 1797.196 and 11834.11, Health and Safety Code; Sections ~~5453, 5458,~~ 11006.9 and 17736(a) and 17736(b), Welfare and Institutions Code; 29 CFR 1910.1030; and Joint Stipulation and Order for Settlement in the matter of California Association of Mental Health Patients' Rights Advocates v. Cliff Allenby, et al., Santa Clara County Superior Court, No. 106-CV061397, issued November 14, 2008.

Amend Section 80019 to read:

80019 CRIMINAL RECORD CLEARANCE (Continued)

80019

(b) (1) (Continued)

(8) The following persons in adult residential ~~and social rehabilitation~~ facilities unless contraindicated by the client's individualized program plan (IPP), or needs and service plan: (Continued)

(c) Prior to the Department issuing a licensee, the applicant, administrator and any adult other than a client, residing in the facility shall obtain a California criminal record clearance or exemption as specified in Health and Safety Code ~~Section 1522(a)(54)~~. (Continued)

Authority Cited: Sections 1530 and 1548(e), Health and Safety Code.

Reference: Sections 1503.5, 1505, 1508, 1522, 1531, 1533, 1538, 1540, 1540.1, 1541, 1547, 1548 and 1549, Health and Safety Code.

Amend Section 80065 to read:

80065 PERSONNEL REQUIREMENTS (Continued) 80065

- (j) Clients shall not be used as substitutes for required staff but shall be permitted, as a voluntary part of their program of activities, to participate in household duties and other tasks suited to the client's needs and abilities.
 - (1) Such duties and tasks shall be specified in the client's needs and services plan as specified in chapters ~~2~~, 4, 5 and 6. (Continued)
- (m) All personnel shall be instructed to report observations or evidence of violations of any of the personal rights specified in section 80072 and/or any of the personal rights provisions of chapters ~~23~~ through 7.

Authority Cited: Sections 1530, Health and Safety Code.

Reference: ~~Sections 5453 and 5458, Welfare and Institutions Code;~~ Sections 1501, ~~1502(a)(7),~~ 1522, 1531 and 1562, Health and Safety Code; and Section 42001, Vehicle Code.

Amend Section 80068 to read:

80068 ADMISSION AGREEMENTS

80068

- (a) The licensee shall complete an individual written admission agreement with each client and the client's authorized representative, if any.
 - (1) Prior to admitting a developmentally disabled adult recommended by a Regional Center, the licensee of an ARF ~~or SRF~~ shall obtain from the Regional Center written certification which states that there was no objection to the placement by any persons specified in Welfare and Institutions Code section 4803. (Continued)
- (c) Admission agreements must specify the following: (Continued)
 - (9) If the client in an ARF ~~or SRF~~ has a restricted health condition, as specified in Section 80092, the admission agreement must contain a statement that he/she agrees to comply with the Restricted Health Condition Care Plan developed for him/her as specified in Section 80092.2. (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1507, 1512, 1524.7 and 1531, Health and Safety Code; Section 4803, Welfare and Institutions Code; and Section 2881, Public Utilities Code

Amend Section 80068.5 to read:

80068.5 EVICTION PROCEDURES

80068.5

- (a) Except for children's residential facilities, the licensee may, upon 30 days written notice to the client, evict the client only for one or more of the following reasons: (Continued)
 - (3) Failure of the client to comply with general facility policies that are documented in the facility admission agreement, and are for the purpose of making it possible for clients to live together.
 - (A) ~~For a SRF, failure of the client to participate in the services and activities specified in the treatment/rehabilitation plan to the extent of his/her ability.~~
 - (4) (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1531 and 1770 et seq., Health and Safety Code.

Amend Section 80069 to read:

80069 CLIENT MEDICAL ASSESSMENTS

80069

- (a) Except for licensees of ARFs ~~and SRFs~~, prior or within 30 calendar days following the acceptance of a client, the licensee shall obtain a written medical assessment of the client, as specified in Section 80069(c), which enables the licensee to determine his/her ability to provide necessary health related services to the client. The assessment shall be used in developing the Needs and Services Plan. (Continued)
- (b) In ARFs ~~and SRFs~~, prior to accepting a client into care, the licensee shall obtain and keep on file documentation of the client's medical assessment. (Continued)
- (d) In addition to Section 80069(c), the medical assessment for clients in ARFs ~~and SRFs~~ shall include the following: (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507, ~~1528~~, 1530 and 1531, Health and Safety Code.

Amend Section 80069.2 to read:

80069.2 FUNCTIONAL CAPABILITIES ASSESSMENT

80069.2

- (a) In order to determine whether the facility's program meets a client's service needs, the licensee of an ARF ~~or SRF~~ shall assess the client's need for personal assistance and care by determining his/her functional capabilities. The assessment shall be in writing, shall be used in developing the Needs and Services Plan, and shall include, but not be limited to the following activities: (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1250, 1501, 1502, 1507, 1530, 1531 and 1557.5, Health and Safety Code.

Amend Section 80070 to read:

80070 CLIENT RECORDS (Continued)

80070

- (b) Each record must contain information including, but not limited to, the following:
(Continued)

~~(13) Mental health assessment specified in Section 80069.3.~~

~~(14)~~ (Continued)

~~(15)~~ (Continued)

- (d) All client records shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the following requirements:

- (1) Licensing representatives shall not remove the following current records for current clients unless the same information is otherwise readily available in another document or format: (Continued)

~~(H) Mental Health assessment specified in Section 80070(b)(13).~~

~~(HI)~~ (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1507 and 1531, Health and Safety Code.

Amend Section 80075 to read:

80075 HEALTH-RELATED SERVICES (Continued)

80075

- (b) Clients shall be assisted as needed with self-administration of prescription and nonprescription medications.
 - (1) In adult CCFs, facility staff who receive training may assist clients with metered-dose inhalers, and dry powder inhalers if the following requirements are met:
 - (A) In ARFs and ~~SRFs~~, facility staff must receive training from a licensed professional. (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507, 1530 and 1531, Health and Safety Code.

Amend Section 80077.2 to read:

80077.2 CARE FOR CLIENTS WHO RELY UPON OTHERS TO 80077.2
PERFORM ALL ACTIVITIES OF DAILY LIVING (Continued)

- (b) Prior to accepting a client into care, the licensee shall complete the following: (Continued)
 - (2) A Needs and Services Plan, as required by the facility-specific regulations, that includes all of the following: (Continued)
 - (H) In an ARF ~~or~~ SRF, an agreement, signed by the placement agency, or authorized representative, to review the client's care at least once a month. A copy of the agreement shall be maintained in the client's file. (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1507 and 1530, Health and Safety Code.

Amend Section 80077.5 to read:

80077.5 CARE FOR CLIENTS WITH CONTRACTURES (Continued)

80077.5

- (c) In addition to Section 80077.5(b), in an ARF ~~or SRF~~, the licensee shall ensure that there is a plan of care for the contractures that is developed by a licensed professional.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

Amend Section 80088 to read:

80088 FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES (Continued) 80088

- (f) Solid waste shall be stored, located and disposed of in a manner that will not transmit communicable diseases or odors, create a nuisance, or provide a breeding place or food source for insects or rodents. (Continued)
- (2) Solid waste containers, including movable bins, receiving ~~putrescible~~ putrescible waste shall be emptied at least once per week or more often if necessary to comply with (f) above. (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501 and 1531, Health and Safety Code.

80092.1	GENERAL REQUIREMENTS FOR RESTRICTED HEALTH CONDITIONS (Continued)	80092.1
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- Authority Cited: Section 1530, Health and Safety Code.

14

Amend Section 80092.2 to read:

80092.2 RESTRICTED HEALTH CONDITION CARE PLAN

80092.2

- (a) If the licensee of an ARF ~~or SRF~~ chooses to care for a client with a restricted health condition, as specified in Section 80092, the licensee shall develop and maintain, as part of the Needs and Services Plan, a written Restricted Health Condition Care Plan. The plan must include all of the following: (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

Amend Section 81000 to read:

81000 GENERAL

81000

- (a) Social ~~R~~ehabilitation ~~F~~acilities, as defined in Section ~~80001s.(3)~~ 81001(s)(4), shall be governed by the provisions specified in this chapter ~~and in Chapter 1, General Licensing Requirements.~~
- (b) In addition to Section 81000(a) above, ~~S~~ocial ~~R~~ehabilitation ~~F~~acilities shall be governed by those provisions specified in ~~†~~Title 9 (Rehabilitative and Developmental Services), Division 1 (Department of Mental Health), Subchapter 3, aArticle 3.5, ~~s~~Sections 531 through 535 of the California Code of Regulations.
- (c) ~~California Code of Regulations Title 22, Division 6, Chapter 2 shall not be in effect until California Code of Regulations, Title 9, Subchapter 3, Article 3.5, Sections 531 through 535 are in effect.~~ The licensee shall ensure compliance with all applicable law and regulation.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453 and 5458~~ 5670 and 5671, Welfare and Institutions Code;
 Sections 1501 and 1502(a)(7), Health and Safety Code.

Amend Section 81001 to read:

81001 DEFINITIONS

81001

~~In addition to Section 80001,~~ For the purposes of this chapter, the following definitions shall apply:

(a-) ~~(Reserved)~~ (1) "Activities of Daily Living" (ADLs) mean the following six activities:

- (A) Bathing: Cleaning the body using a tub, shower or sponge bath, including getting a basin of water, managing faucets, getting in and out the of tub or shower, reaching head and body parts for soaping, rinsing and drying.
- (B) Dressing: Putting on and taking off, fastening and unfastening garments and undergarments and special devices such as back or leg braces, corsets, elastic stockings/garments and artificial limbs or splints.
- (C) Toileting: Getting on and off a toilet or commode, emptying a commode, managing clothes, wiping and cleaning the body after toileting, and using and emptying a bedpan and urinal.
- (D) Transferring: Moving from one sitting or lying position to another sitting or lying position (e.g., moving from a bed to a wheelchair or sofa, coming to a standing position, and/or repositioning to promote circulation and prevent skin breakdown).
- (E) Continence: Ability to control bowel and bladder as well as to use ostomy and/or catheter receptacles, and to apply diapers and disposable barrier pads.
- (F) Eating: Reaching for, picking up, grasping a utensil and cup; getting food on a utensil; bringing food, utensil, and cup to mouth; manipulating food on plate; and cleaning face and hands as necessary following meal.

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See also the definition of "Client Who Relies Upon Others to Perform All Activities of Daily Living" in Section 81001(c)(7).

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- (2) "Administrator" means the licensee, or the adult designated by the licensee to act in his/her behalf in the overall management of the facility.
- (3) "Adult" means a person who is 18 years of age or older.

- (4) "Applicant" means any individual, firm, partnership, association, corporation, county, city, public agency or other government entity that has made application for a social rehabilitation facility license, an administrator certificate, or a special permit.
- (5) "Authorized Representative" means any person or entity authorized by law to act on behalf of any client. Such person or entity may include, but not be limited to, a conservator or public placement agency.
- (6) "Automated External Defibrillator" (AED) means a lightweight, portable device used to administer an electric shock through the chest wall to the heart. Built-in computers assess the patient's heart rhythm, determine whether defibrillation (electrical shock) is needed and then administer the shock. Audible and/or visual prompts guide the user through the process.
- (b-) (1) "Basic Rate" means the rate charged by a facility to provide basic services. For SSI/SSP recipients, the basic rate means the established nonmedical out-of-home care rate, which includes any exempt income allowance but does not include that amount allocated for the recipient's personal and incidental needs.
- (2) "Basic Services" means those services required by applicable law and regulation to be provided by the licensee in order to obtain and maintain a social rehabilitation facility license.
- (c-) (1) "California Clearance" means an individual has no felony or misdemeanor convictions reported by the California Department of Justice. However, the individual may have been arrested with no criminal conviction, convicted of a minor traffic offense or adjudicated as a juvenile.
- (2) "Capacity" means the maximum number of persons authorized to be provided care and supervision at any one time in any licensed facility.
- (3) "Care and Supervision" means any one or more of the following activities provided by a person or facility to meet the needs of clients:
 - (A) Assistance in dressing, grooming, bathing and other personal hygiene.
 - (B) Assistance with taking medication, as specified in Section 81075.
 - (C) Central storing and/or distribution of medications, as specified in Section 81075.
 - (D) Arrangement of and assistance with medical and dental care.
 - (E) Maintenance of house rules for the protection of clients.

- (F) Supervision of client schedules and activities.
- (G) Maintenance and/or supervision of client cash resources or property.
- (H) Monitoring food intake or special diets.
- (I) Providing basic services as defined in Section 81001(b)(2).
- (4) "Cash Resources" means:
 - (A) Monetary gifts.
 - (B) Tax credits and/or refunds.
 - (C) Earnings from employment or workshops.
 - (D) Personal and incidental need allowances from funding sources including, but not limited to, SSI/SSP.
 - (E) Any other similar resources as determined by the licensing agency.
- (45) "Certified" means a ~~S~~social ~~R~~rehabilitation facility program that has been certified by the California Department of Mental Health Care Services as meeting the standards established for that program.
- (6) "Client" means an adult who is receiving care and supervision in a social rehabilitation facility. Client includes "resident" as used in the California Community Care Facilities Act (Health and Safety Code section 1500 et seq.).
- (7) "Client Who Relies upon Others to Perform All Activities of Daily Living" means a client who is unable to perform all of the activities of daily living specified in Section 81001(a)(1) without physical assistance.
- (8) "Close Friend" means a person who is attached to another by feelings of personal regard as indicated by both parties involved.
- (9) "Community Care Facility" (CCF) means any facility, place or building where nonmedical care and supervision, as defined in Section 81001(c)(3), are provided.
- (10) "Completed Application" means:
 - (A) The applicant has submitted and the licensing agency has received all required materials including: an approved fire clearance, if appropriate, from the State

Fire Marshall; a criminal record clearance on the applicant and any other individuals specified in Section 81019.

(B) The licensing agency has completed a site visit to the facility.

- (11) "Conservator" means a person appointed by the Superior Court, pursuant to the provisions of Section 1800 et seq. of the Probate Code or Section 5350 of the Welfare and Institutions Code, to care for the person, or the estate, or the person and the estate, of another.

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Probate Code section 1801 provides in pertinent part:

(a) A conservator of the person may be appointed for a person who is unable to provide properly for his or her personal needs for physical health, food, clothing, or shelter...

(b) A conservator of the estate may be appointed for a person who is substantially unable to manage his or her own financial resources or resist fraud or undue influence...

(c) A conservator of the person and estate may be appointed for a person described in subdivisions (a) and (b).

(d) A limited conservator of the person or of the estate, or both, may be appointed for developmentally disabled adult. A limited conservatorship may be utilized only as necessary to promote and protect the well-being of the individual, shall be designed to encourage the development of maximum self-reliance and independence of the individual, and shall be ordered only to the extent necessitated by the individual's proven mental and adaptive limitations. The conservatee of the limited conservator shall not be presumed to be incompetent and shall retain or legal and civil rights except those which by court order have been designated as legal disabilities and have been specifically granted to the limited conservator...

Welfare and Institutions Code section 5350 provides in pertinent part:

A conservator of the person, of the estate, or of the person and the estate may be appointed for any person who is gravely disabled as a result of mental disorder or impairment by chronic alcoholism.

The procedure for establishing, administering, and terminating a conservatorship under this chapter shall be the same as that provided in Division 4 (commencing with Section 1400) of the Probate Code...

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- (12) "Consultant" means a person professionally qualified by training or experience to provide expert information on a particular subject.
- (13) "Control of Property" means the right to enter, occupy, and maintain the operation of the facility property within regulatory requirements. Evidence of control of property may include, but is not limited to, the following:
- (A) a Grant Deed showing ownership; or
 - (B) the lease agreement or rental agreement; or
 - (C) a court order or similar document that shows the authority to control the property pending outcome of a probate proceeding or an estate settlement.
- (14) "Conviction" means:
- (A) A criminal conviction in California; or
 - (B) Any criminal conviction of another state, federal, military or other jurisdiction, which if committed or attempted in California, would have been punishable as a crime in California.
- (15) "Criminal Record Clearance" means an individual has a California clearance and a Federal Bureau of Investigation (FBI) clearance.
- (d-) (1) "Day" means calendar day unless otherwise specified.
- (2) "Deficiency" means any failure to comply with any provision of the Community Care Facilities Act (Health and Safety Code section 1500 et seq.) and/or regulations adopted by the Department pursuant to the Act.
- (3) "Dementia" means a deterioration of intellectual function and other cognitive skills, leading to a decline in one's ability to perform activities of daily living.
- (4) "Department" means the California Department of Social Services, as defined in Health and Safety Code section 1502(b).
- (5) "Developmental Disability" means a disability as defined in Welfare and Institutions Code section 4512(a).

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Welfare and Institutions Code section 4512(a) provides in pertinent part:

"Developmental disability" means a disability that originates before an individual attains age 18 years, continues, or can be expected to continue, indefinitely and constitutes a substantial disability for that individual.

...this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual or to require treatment similar to that required for mentally retarded individuals, but shall not include other handicapping conditions that are solely physical in nature.

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- (6) "Dietitian" means a person who is a member of or registered by the American Dietetics Association.
- (7) "Director" means the director of the California Department of Social Services, as defined in Health and Safety Code section 1502(c).
- (48) "Direct-Care Staff" means those persons who deliver direct care and supervision to the clients.
- (e-) (1) "Egress-Alert Device" means a wrist band or other device, that may be worn by a client or carried on a client's person that triggers a visual or auditory alarm when the client leaves the facility building or grounds.
- (2) "Elderly Person" means any person who is 60 years of age or older.
- (3) "Emergency Approval to Operate" - LIC 9117 (8/14) (EAO), means a temporary approval to operate a facility for no more than 60 days pending the Department's decision to either approve or deny a provisional license.
- (4) "Evaluator" means any person who is a duly authorized officer, employee or agent of the Department, including any officer, employee or agent of a county or other public agency authorized by the Department to license community care facilities.
- (45) "Evict" or "eviction" means an involuntary relocation or removal of a client from the facility by the licensee.
- (6) "Evidence of Licensee's Death" shall include, but not be limited to, a copy of the death certificate, obituary notice, certification of death from the decedent's mortuary,

or a letter from the attending physician or the coroner's office verifying the licensee's death.

- (7) "Exception" means a written authorization issued by the licensing agency to use alternative means that meet the intent of a specific regulation(s) and which are based on the unique needs or circumstances of a specific client(s) or staff person(s). Exceptions are granted for a particular client(s) or staff person(s) and are not transferable or applicable to another client(s) or staff person(s), facilities or licensees.
- (8) "Exemption" means an exception to the requirements of Health and Safety Code section 1522 and applicable regulations. Exemptions are not transferable.

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Health and Safety Code section 1522(g) reads in pertinent part:

After review of the record, the director may grant an exemption from disqualification for a license or special permit as specified in paragraph (4) of subdivision (a), or for a license, special permit, or certificate of approval as specified in paragraphs (4), (7), and (8) of subdivision (d), or for employment, residence, or presence in a community care facility as specified in paragraphs (3), (4), and (5) of subdivision (c), if the director has substantial and convincing evidence to support a reasonable belief that the applicant and the person convicted of the crime, if other than the applicant, are of good character as to justify issuance of the license or special permit or granting an exemption for purposes of subdivision (c)...

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- (f-) ~~(Reserved)~~ (1) "Federal Bureau of Investigation (FBI) Clearance" means an individual has no felony or misdemeanor convictions reported by the FBI. However, the individual may have been arrested with no criminal conviction, convicted of a minor traffic offense or adjudicated as a juvenile.
- (g-) ~~(Reserved)~~ (1) "Guardian" means a person appointed by the Superior Court pursuant to the provisions of Sections 1500 et seq., of the Probate Code to care for the person, or estate, or the person and estate of another.
- (h-) ~~(Reserved)~~ (1) "Health Condition Relocation Order" means written notice by the Department to a licensee requiring the relocation of a client from a CCF because either the licensee is not providing adequate care of a client's health condition, as required by the regulations; or the client cannot be cared for within the limits of the license; or the client requires in-patient care in a health facility; or the client has a prohibited health condition, as specified in Section 81091.

- (i-) (Reserved) (1) "Inhalation-Assistive Device" means any equipment that assists a client to breathe, including, but not limited to, aerosol delivery devices, nebulizers, humidifiers, incentive spirometry devices, positive airway pressure devices, positive expiratory pressure devices, and intermittent positive pressure breathing (IPPB) machines.

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Metered-dose inhalers and dry-powder inhalers are not inhalation-assistive devices.

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- (2) "Interdisciplinary Team" (IDT) means a team that assists the Department in evaluating the need for relocating a client when the client requests a review of the Department's Health Condition Relocation Order. This team consists of a nurse practitioner and a social worker, designated by the Department, with experience in the needs of the client population. Persons selected for an IDT shall not have been involved in the initial decision to issue a relocation order for the client in question.
- (j-) (Reserved)
- (k-) (Reserved)
- (l-) (1) "License" means authorization to operate a social rehabilitation facility and to provide care and supervision. The license is not transferable.
- (2) "Licensed Professional" means a person who is licensed in California to provide medical care or therapy. This includes a physician and surgeon, physician assistant, nurse practitioner, registered nurse, licensed vocational nurse, psychiatric technician, physical therapist, occupational therapist and respiratory therapist who is operating within his or her scope of practice.
- (3) "Licensee" means the adult, firm, partnership, association, corporation, county, city, public agency, or other governmental entity having the authority and responsibility for the operation of a licensed social rehabilitation facility.
- (4) "Licensing Agency" means the California Department of Social Services or any state, county or other public agency authorized by the Department to assume specified licensing responsibilities pursuant to Section 1511 of the Health and Safety Code.
- (45) "Long-Term Residential Treatment Program" means a program as defined in Welfare and Institutions Code, section 5458 5671(b).

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(A) Welfare and Institutions Code ~~Section 5458~~ 5671(b) provides:

"A long-term residential treatment program, with a full day treatment component as a part of the program, for persons who may require intensive support for as long as two or three years. This program ~~shall~~ should be designed to provide a rehabilitation program for the so-called "chronic" patient who needs long-term support in order to develop independent living skills.

The clients in this program ~~are to~~ should be those who would otherwise be living marginally in the community with little or no service support, and who would return many times to the hospital for treatment. It should also ~~is to~~ serve those who are referred to, and maintained in, state hospitals or nursing homes because they require long-term, intensive support. This program should ~~is to~~ go beyond maintenance to provide an active rehabilitation focus for these individuals.

The services in this program should ~~shall~~ include, but not be limited to, intensive diagnostic work, including learning disability assessment, full day treatment program with an active prevocational and vocational component, special education services, outreach to develop linkages with the general social service system, and counseling to aid clients in developing the skills to move toward a less structured setting."

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- (m-) (1) "Medical Professional" means an individual who is licensed or certified in California to perform the necessary medical procedures within his or her scope of practice. This includes, but is not limited to, Medical Doctor (MD), Registered Nurse (RN) and Licensed Vocational Nurse (LVN).
- (2) "Mental Disorder" means any of the disorders set forth in the Diagnostic and Statistical Manual of Mental Disorders (Third Edition) of the American Psychiatric Association and a degree of functional impairment that renders a person eligible for the services enumerated under the Lanterman-Petris-Short Act, commencing with Section 5000 of the Welfare and Institutions Code.
- (13) "Mental Illness" means the mental condition of any adult who has been evaluated and referred for treatment for a mental disorder, as defined in Section ~~80001m~~-(1) 81001(m)(2).
- (n-) (1) "Needs and Services Plan" means a time-limited, goal-oriented, written plan which identifies the specific needs of an individual client, including the items specified in Section 81068.2, and delineates those services necessary to meet the client's needs.

(2) "Nonambulatory Person" means a person as defined in Health and Safety Code section 13131.

(A) A person who uses postural supports as specified in Section 81072(a)(8) is deemed nonambulatory.

(B) A person is not deemed nonambulatory solely because they are deaf, blind, or prefers to use a mechanical aid.

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Health and Safety Code section 13131 provides:

"Nonambulatory persons" means persons unable to leave a building unassisted under emergency conditions. It includes any person who is unable, or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger, and persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs. The determination of ambulatory or nonambulatory status of persons with developmental disabilities shall be made by the Director of Social Services or his or her designated representative, in consultation with the Director of Developmental Services or his or her designated representative, in consultation with the Director of Developmental Services or his or her designated representative. The determination of ambulatory or nonambulatory status of all other disabled persons placed after January 1, 1984, who are not developmentally disabled shall be made by the Director of Social Services, or his or her designated representative.

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(o-) (1) "On-Call Staff" means a staff person who is not on duty on the facility premises, but who can be contacted by the facility if an additional staff person is needed, and can be at the facility and on duty within 30 minutes.

(p-) (1) "Physician" means a person licensed as a physician and surgeon by the California Board of Medical Examiners or the California Board of Osteopathic Examiners.

(2) "Placement agency" is defined in Health and Safety Code sections 1536.1 and 1569.47(a).

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Health and Safety Code section 1536.1 provides in pertinent part:

(a) "Placement agency" means a county probation department, county welfare department, county social service department, county mental health department, county public guardian, general acute care hospital discharge planner or coordinator, conservator pursuant to Part 3 (commencing with Section 1800) of Division 4 of the Probate Code, conservator pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 of the Welfare and Institutions Code, and regional center for persons with developmental disabilities, that is engaged in finding homes or other places for placement of persons of any age for temporary or permanent care.

Health and Safety Code section 1569.47(a) provides in pertinent part:

"Placement agency" means any county welfare department, county social service department, county mental health department, county public guardian, general acute care hospital discharge planner or coordinator, state-funded program or private agency providing placement or referral services, conservator pursuant to Part 3 (commencing with Section 1800) of Division 4 of the Probate Code, conservator pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 of the Welfare and Institutions Code, and regional center for persons with developmental disabilities which is engaged in finding homes or other places for the placement of elderly persons for temporary or permanent care.

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- (3) "PRN Medication" (pro re nata) means any nonprescription or prescription medication that is to be taken as needed.
- (14) "Program Director" means the person who has been designated the authority and the responsibility by the licensee to oversee and carry out the overall treatment program and management of the facility.
- (5) "Provision" or "Provide" means whenever any regulation requires that provisions be made for, or that there be provided any service, personnel, or other requirement, the licensee shall do so directly, or present evidence to the licensing agency that the requirement has been met by some other means.
- (6) "Provisional License" means a license that is temporary, nonrenewable, and issued for a period not to exceed twelve months. A provisional license is issued in accordance with the criteria specified in Section 81030.

(q-) (Reserved)

(r-) ~~(Reserved)~~ (1) "Rehabilitation" means the effort to reestablish good character since the date of the last conviction, including, but not limited to, education, counseling or therapy, training, stable employment, restitution, remorse, changes in lifestyle, or community service.

(2) "Relative" means spouse, parent, stepparent, son, daughter, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, nephew, niece, first cousin, or any such person denoted by the prefix "grand" or "great"; or the spouse of any of the persons specified in this definition, even after the marriage or the domestic partnership has been terminated by death or dissolution.

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Family Code section 297.5 provides in pertinent part:

(a) Registered domestic partners shall have the same rights, protections, and benefits, and shall be subject to the same responsibilities, obligations, and duties under law, whether they derive from statutes, administrative regulations, court rules, government policies, common law, or any other provisions or sources of law, as are granted to and imposed upon spouses.

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(3) "Responsible person" means that individual or individuals, including a relative, health care surrogate decision maker, or placement agency, who assists a client or prospective client in placement or assumes varying degrees of responsibility for the client's well-being. A responsible person cannot act on behalf of a client unless authorized by law.

(s-) (1) "Serious Deficiency" means any deficiency that presents an immediate or substantial threat to the physical health, mental health or safety of the clients of a community care facility.

(42) "Short-Term Crisis Residential Program" means a program type as defined in Welfare and Institutions Code, Ssection 5458 5671(a).

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(A) Welfare and Institutions Code Ssection 5458 5671(a) provides in pertinent part:

A program for a short-term crisis residential alternative to hospitalization for individuals experiencing an acute episode or crisis requiring temporary removal from their home environment. The program ~~shall~~ should be available for admissions 24 hours a day, seven days a week. The primary focus of this program ~~shall~~ should be on reduction of the crisis, on stabilization, and on a diagnostic assessment of the person's existing support system, including recommendations for referrals upon discharge.

The services in the program ~~shall~~ should include, but not be limited to, provision for direct family work, connections to prevocational and vocational programs, and development of a support system, including income and treatment referrals. This program ~~shall~~ should be designed for persons who would otherwise be referred to an inpatient unit, either locally or in the state hospital. This program ~~shall~~ should place emphasis on stabilization and appropriate referral for further treatment or support services, or both.

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- (3) "Simplified Exemption" means an exemption granted on the Department's own motion, as authorized in Health and Safety Code section 1522(c)(4), if the individual's criminal history meets specific criteria established by Department regulation.
- (24) "Social Rehabilitation Facility" means any facility which provides 24-hour-a-day nonmedical care and supervision in a group setting to adults recovering from mental illness who temporarily need assistance, guidance, or counseling.
- (5) "Social Worker" means a person who has a graduate degree from an accredited school of social work.
- (6) "Supplemental Security Income/State Supplemental Program" (SSI/SSP) is a federal/state program that provides financial assistance to aged, blind and/or disabled residents of California.
- (7) "Substantial Compliance" means the absence of any serious deficiencies.
- (8) "Substantiated Complaint" means a complaint that has been investigated by the licensing agency and, as a result, a violation of regulations or statute has been found.

- (t-) (1) "Transfer Trauma" means the consequences of the stress and emotional shock caused by an abrupt, involuntary relocation of a client or resident from one facility to another.
- (12) "Transitional Residential Program" means a program type as defined in the Welfare and Institutions Code, section 5458 5671(c).

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(A) Welfare and Institutions Code section 5458 5671(c) provides:

"A transitional residential program designed for persons who are able to take part in programs in the general community, but who, without the support of counseling, as well as the therapeutic community, would be at risk of returning to the hospital. This program may employ a variety of staffing patterns and is should be for persons who may be expected to move toward a more independent living setting within approximately three months to one year. The clients ~~shall~~ should be expected to play a major role in the functioning of the household, and shall be encouraged to accept increasing levels of responsibility, both in the residential community, and in the community as a whole. Residents ~~are~~ should be required to be involved in daytime activities outside of the house which are relevant to their personal goals and conducive to their achieving more self-sufficiency.

The services in this program should include, but are not limited to, counseling and ongoing assessment, development of support systems in the community, a day program which encourages interaction between clients and the community-at-large, and an activity program that encourages socialization and utilization of general community resources."

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- (23) "Treatment Program" means the services that are to be provided to the clients and are specific to the program type(s) certified by the California Department of ~~Mental~~ Health Care Services.
- (34) "Treatment/Rehabilitation Plan" means a plan as defined in California Code of Regulations, Title 9, Division 1, SubChapter 3, aArticle 3.5, sSection 532.2(c), as specified in Section 81068.2(b)(3).

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~~Refer to Section 81068.2(a)(3) for the definition of Treatment/Rehabilitation Plan.~~

~~HANDBOOK ENDS HERE~~

- (u) (1) "Universal Precautions," means an approach to infection control that treats all human blood and body fluids as if they are infectious. Generally, Universal Precautions consist of regular hand-washing after coming into contact with another person's body fluids (mucous, saliva, urine, etc.) and includes the use of gloves when handling blood or body fluids that contain blood. Specifically, Universal Precautions consist of the following four basic infection control guidelines:

(A) Hand-washing - Staff should wash their hands:

1. After assisting with incontinent care or wiping a client's nose.
2. Before preparing or eating foods.
3. After using the toilet.
4. Before and after treating or bandaging a cut.
5. After wiping down surfaces, cleaning spills, or any other housekeeping.
6. After being in contact with any body fluids from another person.
7. Even if they wore gloves during contact with body fluids.

(B) Gloves - Staff should always wear gloves:

1. When they come into contact with blood or body fluids that contain blood.
2. When they have cuts or scratches on their hands.
3. When assisting with incontinent care or when cleaning up urine, stool, or vomit.
4. When administering first aid for a cut, a bleeding wound, or a bloody nose.
5. And use gloves only one time, for one incident or client.
 - a. Staff must air dry their hands prior to putting on a new pair of gloves.

6. And dispose of used gloves immediately after use.

(C) Cleaning with a disinfectant - Staff should clean with a disinfectant:

1. On all surfaces and in the client's room and on an "as needed" basis on any surface that has come into contact with blood.

2. Such as a basic bleach solution, made fresh daily by mixing:

a. 1/4 cup household liquid chlorine bleach in one gallon of tap water, or one tablespoon bleach in one quart of water.

(D) Proper disposal of infectious materials - Staff should dispose of infectious materials by:

1. Placing it in a plastic trash bag, tying it with a secure tie, and disposing of it out of reach of clients and children.

(2) "Unlicensed Community Care Facility" means a facility as defined in Health and Safety Code section 1503.5.

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Health and Safety Code section 1503.5 provides in pertinent part

(a) A facility shall be deemed to be an 'unlicensed community care facility' and 'maintained and operated to provide nonmedical care' if it is unlicensed and not exempt from licensure and any one of the following conditions is satisfied:

(1) The facility is providing care or supervision, as defined by this chapter or the rules and regulations adopted pursuant to this chapter.

(2) The facility is held out as or represented as providing care or supervision, as defined by this chapter or the rules and regulations adopted pursuant to this chapter.

(3) The facility accepts or retains residents who demonstrate the need for care or supervision, as defined by this chapter or the rules and regulations adopted pursuant to this chapter.

(4) The facility represents itself as a licensed community care facility...

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- (A) A facility that is providing "care and supervision," as defined in Section 81001(c)(3), includes, but is not limited to, one in which an individual has been placed by a placement agency or family members for temporary or permanent care.
- (B) A facility that is "held out as or represented as providing care or supervision" includes, but is not limited to:
 - 1. A facility whose license has been revoked or denied, but the individual continues to provide care for the same or different clients with similar needs.
 - 2. A facility where a change of ownership has occurred and the same clients are retained.
 - 3. A licensed facility that moves to a new location.
 - 4. A facility that advertises as providing care and/or supervision.
- (C) A facility that "accepts or retains residents who demonstrate the need for care or supervision" includes, but is not limited to:
 - 1. A facility with residents requiring care and/or supervision, even though the facility is providing board and room only, or board only, or room only.
 - 2. A facility where it is apparent that care and/or supervision are being provided by virtue of the client's needs being met.
- (3) "Urgent Need" means a situation where prohibiting the operation of the facility would be detrimental to a client's physical health, mental health, safety, or welfare. Circumstances constituting urgent need include, but are not limited to, the following:
 - (A) A change in facility location when clients are in need of services from the same operator at the new location.
 - (B) A change of facility ownership when clients are in need of services from a new operator.
- (v) (Reserved)
- (w) (1) "Waiver" means a nontransferable written authorization issued by the licensing agency to use alternative means which meet the intent of a specific regulation and that are based on a facility-wide need or circumstance.

(x) (Reserved)

(y) (Reserved)

(z) (Reserved)

Authority Cited: Sections 1502, 1522.41(j), 1524(e), 1530 and 1530.9, Health and Safety Code.

Reference: Sections ~~5453 and 5458~~ 4512, 5350, 5670, 5671 and 11006.9, Welfare and Institutions Code; Sections 1501, 1502, and 1502(a)(7), 1502(a)(8), 1502(b), 1502.5, 1503, 1503.5, 1505, 1507, 1508 1509, 1520, 1522, 1524(e), 1525, 1525.5, 1526, 1530, 1531, 1533, 1534, 1536.1, 1537, 1538.5, 1550, 1551, 1556, 1797.196 and 13131, Health and Safety Code; Section 297.5, Family Code; Section 1811, Probate Code; 29 CFR 1910.1030.

Adopt Section 81005 to read:

81005 LICENSE REQUIRED

81005

- (a) Unless a facility is exempt from licensure as specified in Section 81007, no adult, firm, partnership, association, corporation, county, city, public agency or other governmental entity shall operate, establish, manage, conduct or maintain a social rehabilitation facility, or hold out, advertise or represent itself by any means as doing so, without first obtaining a current valid license from the licensing agency.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; 1505, 1508, 1509, 1513 and 1531, Health and Safety Code.

Adopt Section 81006 to read:

81006 OPERATION WITHOUT A LICENSE

81006

- (a) An unlicensed community care facility is providing care and supervision as defined in Section 81001(u)(2), the facility is in violation of Health and Safety Code section(s) 1503.5 and/or 1508 unless exempted from licensure pursuant to California Code of Regulations section 81007.
- (b) If the facility is alleged to be in violation of Health and Safety Code section(s) 1503.5 and/or 1508, the licensing agency shall conduct a site visit and/or evaluation of the facility pursuant to Health and Safety Code section 1538.

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Health and Safety Code section 1538 provides in pertinent part:

(c) Upon receipt of a complaint, other than a complaint alleging denial of a statutory right of access to a community care facility . . . the state department shall make a preliminary review and, unless the state department determines that the complaint is willfully intended to harass a licensee or is without any reasonable basis, it shall make an onsite inspection of the community care facility . . . within 10 days after receiving the complaint, except where a visit would adversely affect the licensing investigation or the investigation of other agencies. In either event, the complainant shall be promptly informed of the state Department's proposed course of action.

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- (c) If the facility is operating without a license, the licensing agency shall issue a notice of operation in violation of law and shall refer the case for criminal prosecution and/or civil proceedings.
- (d) The licensing agency shall have the authority to issue an immediate civil penalty pursuant to Section 81058 and Health and Safety Code section 1547.

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Health and Safety Code section 1547 provides in pertinent part:

(a) Notwithstanding any other provision of this chapter, any person who violates Section 1503.5 or 1508, or both, may be assessed by the department an immediate civil penalty in the amount of two hundred dollars (\$200) per day of the violation.

(b) The civil penalty authorized in subdivision (a) shall be imposed if an unlicensed facility is operated and the operator refuses to seek licensure or the operator seeks licensure and the licensure application is denied and the operator continues to operate the unlicensed facility, unless other remedies available to the department, including criminal prosecution, are deemed more effective by the department.

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- (e) Sections 81006(c) and (d) shall be applied pursuant to Section 1549 of the Health and Safety Code.

HANDBOOK BEGINS HERE

Health and Safety Code section 1549 provides:

The civil, criminal, and administrative remedies available to the department pursuant to this article are not exclusive, and may be sought and employed in any combination deemed advisable by the department to enforce this chapter.

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- (f) The licensing agency shall notify the appropriate placement or protective service agency if either of the following conditions exists:
- (1) There is an immediate threat to the clients' health and safety.
 - (2) The facility does not submit an application for licensure within 15 calendar days of being served a notice of operation in violation of law.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; 1503.5, 1505, 1508, 1533, 1538, 1540, 1540.1, 1541, 1547 and 1549, Health and Safety Code.

Adopt Section 81007 to read:

81007 EXEMPTION FROM LICENSURE

81007

- (a) The social rehabilitation facility regulations contained in this division shall not apply to any of the following:
- (1) Any health facility, as defined by Section 1250 of the Health and Safety Code.
 - (2) Any clinic, as defined by Section 1202 of the Health and Safety Code.
 - (3) Any facility conducted by and for the adherents of any well-recognized church or religious denomination for the purpose of providing facilities for the care or treatment of the sick who depend upon prayer or spiritual means for healing in the practice of the religion of the church or denomination.
 - (4) Any house, institution, hotel, homeless shelter, or other similar place that supplies board and room only, or room only, or board only, which provides no element of "care and supervision," as defined in Section 81001(c)(3).
 - (5) Any care and supervision of persons by a relative, guardian or conservator.
 - (6) Any care and supervision of persons from only one family by a close friend of the parent, guardian or conservator, provided that such arrangement is not for financial profit and does not exceed 10 hours per week.
 - (A) Provision of longer hours of care shall not be precluded when provided for a brief period of time for reasons, including but not limited to family emergencies, vacation, and military leave.
 - (7) Any arrangement for the care and supervision of an adult or adults from only one family by a close friend, who is not a licensee or current employee of a residential care facility for the elderly or of an adult residential facility, and whose friendship pre-existed a provider/recipient relationship, and all of the following are met:
 - (A) The care and supervision is provided in a home or residence chosen by the recipient, regardless of who owns the home or residence.
 - (B) The arrangement is not of a business nature, in that the provider does not represent himself or herself as being in the business of provision of care, and any compensation that may be paid to the provider is only for the value of the services rendered.
 - (C) The arrangement occurs and continues only as long as the needs for care and supervision of the recipient are being adequately met.

- (8) Any supported living arrangement for individuals with developmental disabilities as defined in Section 1505(m) of the Health and Safety code.

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Health and Safety Code section 1505 provides in pertinent part:

This chapter does not apply to any of the following:...

(m) Any supported living arrangement for individuals with developmental disabilities, as defined in Section 4689 of the Welfare and Institutions Code.

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- (9) Any family home agency, family home, or family teaching home as defined in Health and Safety Code section 1505(n).

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Health and Safety Code section 1505(n) provides in pertinent part:

(1) Any family home agency, family home, or family teaching home as defined in Section 4689.1 of the Welfare and Institutions Code, that is vendored by the State Department of Developmental Services and that does any of the following:

(A) As a family home approved by a family home agency, provides 24-hour care for one or two adults with developmental disabilities in the residence of the family home provider or providers and the family home provider or providers' family, and the provider is not licensed by the State Department of Social Services or the State Department of Public Health or certified by a licensee of the State Department of Social Services or the State Department of Public Health.

(B) As a family teaching home approved by a family home agency, provides 24-hour care for a maximum of three adults with developmental disabilities in independent residences, whether contiguous or attached, and the provider is not licensed by the State Department of Social Services or the State Department of Public Health or certified by a licensee of the State Department of Social Services or the State Department of Public Health.

(C) As a family home agency, engages in recruiting, approving, and providing support to family homes...

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- (10) Any placement agency as defined in Health and Safety Code section 1536.1 or an individual who places individuals for care in a facility licensed to receive and care for such persons.
- (11) Any housing project for elderly or disabled individuals that meets federal requirements specified in Health and Safety Code section 1505(p).

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Health and Safety Code section 1505(p) provides:

(1)(A) Any housing occupied by elderly or disabled persons, or both, that is initially approved and operated under a regulatory agreement pursuant to Section 202 of Public Law 86-372 (12 U.S.C. Sec. 1701q), or Section 811 of Public Law 101-625 (42 U.S.C. Sec. 8013), or whose mortgage is insured pursuant to Section 236 of Public Law 90-448 (12 U.S.C. Sec. 1715z), or that receives mortgage assistance pursuant to Section 221d (3) of Public Law 87-70 (12 U.S.C. Sec. 1715l), where supportive services are made available to residents at their option, as long as the project owner or operator does not contract for or provide the supportive services.

(B) Any housing that qualifies for a low-income housing credit pursuant to Section 252 of Public Law 99-514 (26 U.S.C. Sec. 42) or that is subject to the requirements for rental dwellings for low-income families pursuant to Section 8 of Public Law 93-383 (42 U.S.C. Sec. 1437f), and that is occupied by elderly or disabled persons, or both, where supportive services are made available to residents at their option, as long as the project owner or operator does not contract for or provide the supportive services.

(2) The project owner or operator to which paragraph (1) applies may coordinate, or help residents gain access to, the supportive services, either directly, or through a service coordinator.

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- (12) The Department.
- (13) Any similar facility as determined by the Director.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 4689, 4689.1, 5670 and 5671, Welfare and Institutions Code; 1200, 1200.1, 1250, 1501, 1502, 1505, 1508, 1530, and 1536.1, Health and Safety Code; Grimes v. CDSS (1999) 70 Cal.App.4th 1065.

Adopt Section 81008 to read:

81008 LICENSING OF INTEGRAL FACILITIES

81008

- (a) Upon written application from the licensee, the licensing agency shall have the authority to issue a single license for separate buildings which might otherwise require separate licenses provided that all of the following requirements are met:
- (1) Separate buildings or portions of the facility are integral components of a single program.
 - (2) All components of the program are managed by the same licensee.
 - (3) All components of the program are conducted at a single site with a common address.
- (b) If (a) above does not apply, each separately licensed component of a single program shall be capable of independently meeting the provisions of applicable regulations as determined by the licensing agency.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; 1508, 1509 and 1513, Health and Safety Code.

Amend Section 81009 to read:

81009 POSTING OF LICENSE

81009

- (a) The license shall be posted in a prominent, publicly accessible location in the facility.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501 and 1502(a)(7), Health and Safety Code.

Amend Section 81010 to read:

81010 LIMITATIONS ON CAPACITY AND AMBULATORY STATUS 81010

- (a) In addition to section 80010, the following shall apply: A licensee shall not operate a facility beyond the conditions and limitations specified on the license, including the capacity limitation.
- (b) A facility or room approved for ambulatory clients only shall not be used by nonambulatory clients.
 - (1) A client whose condition becomes nonambulatory shall not use rooms or areas restricted to ambulatory clients.
 - (2) The licensing agency shall have the authority to require clients who use ambulatory sections of the facility to demonstrate that they are ambulatory.
- (c) The total capacity of all program types certified for one facility shall not exceed the total licensed capacity of the facility.
- (ed) The total licensed capacity of a ~~S~~social ~~R~~rehabilitation ~~F~~facility shall not exceed 15, except as provided in (de) below.

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Welfare and Institutions Code section 5670.5 provides in pertinent part:

Criteria for community residential treatment system programs are as follows:

(a) Facilities:

- (1) Settings, whether residential or day, should be as close to a normal home environment as possible without sacrificing client safety or care.
- (2) Residential treatment centers should be relatively small, preferably 15 beds or less, but in any case with the appearance of a noninstitutional setting.
- (3) The individual elements of the system should, where possible, be in separate facilities, and not part of one large facility attempting to serve an entire range of clients...

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(de) A facility licensed as an Adult Residential Facility prior to the effective date of these regulations shall be allowed to apply for a Social Rehabilitation Facility license, at the same location, with a capacity equal to or less than that for which the facility is currently licensed.

- (1) The licensing agency shall not deny an application solely because the requested capacity exceeds 15.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670, 5670.5 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7) and 1531, Health and Safety Code.

Adopt Section 81011 to read:

81011 ADVERTISEMENTS AND LICENSE NUMBER

81011

- (a) Licensees shall reveal each facility license number in all advertisements in accordance with Health and Safety Code section 1514.

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Health and Safety Code section 1514 provides:

(a) Each residential care facility licensed under this chapter shall reveal its license number in all advertisements, publications, or announcements made with the intent to attract clients or residents.

(b) Advertisements, publications, or announcements subject to the requirements of subdivision (a) shall include, but are not limited to, those contained in the following:

(1) Newspaper or magazine.

(2) Consumer report.

(3) Announcement of intent to commence business.

(4) Telephone directory yellow pages.

(5) Professional or service directory.

(6) Radio or television commercial.

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- (b) Correspondence shall be considered a form of advertisement if the intent is to attract clients.
- (c) Licensees that operate more than one facility and use a common advertisement for these facilities shall be required to list each facility license number in accordance with Health and Safety Code section 1514.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Section 5670 and 5671, Welfare and Institutions Code; 1514, Health and Safety Code.

Adopt Section 81012 to read:

81012 FALSE CLAIMS

81012

- (a) No licensee, officer, or employee of a licensee shall make or disseminate any false or misleading statement regarding the facility or any of the services provided by the facility.
- (b) No licensee, officer, or employee of a licensee shall alter a license, or disseminate an altered license.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1508 and 1531, Health and Safety Code.

Adopt Section 81017 to read:

81017 NON-DISCRIMINATION OF APPLICANTS

81017

- (a) Any adult shall be permitted to apply for a license regardless of age, sex, race, religion, color, political affiliation, national origin, disability, marital status, actual or perceived sexual orientation, gender identity, HIV status, or ancestry.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Section 5670 and 5671, Welfare and Institutions Code; Section 51, Civil Code; and Section 1520, Health and Safety Code.

Amend Section 81018 to read:

81018 APPLICATION FOR LICENSE

81018

- (a) In addition to section 80018, the following shall apply: Any adult, firm, partnership, association, corporation, county, city, public agency or other governmental entity desiring to obtain a license shall file with the licensing agency a verified application on forms furnished by the licensing agency.
- (b) Prior to filing an application, the applicant shall attend an orientation designed for the social rehabilitation facility category and provided by the licensing agency.
 - (1) The orientation shall cover, but not be limited to, the following areas:
 - (A) Completion of the application for license.
 - (B) Scope of operation subject to regulation by the Department.
 - (2) An applicant, who is already licensed for a facility in the same category, shall not be required to attend an orientation if the last orientation attended was for the same facility type and within two (2) years of the next scheduled orientation.
 - (3) An applicant applying for more than one social rehabilitation facility license, shall be required to attend only one orientation.
- (c) The applicant/licensee shall cooperate with the licensing agency in providing verification and/or documentation as requested by the licensing agency.
- (d) The application and supporting documents shall contain the following:
 - (1) Name or proposed name and address of facility.
 - (2) Name and residence and mailing addresses of applicant.
 - (A) If the applicant is a partnership, the name and principal business address of each partner.
 - (B) If the applicant is a corporation or association, the name, title and principal business address of each officer, executive director and member of the governing board.
 - (C) If the applicant is a corporation which issues stock, the name and address of each person owning more than 10 percent of stock in such corporation.

- (D) If the applicant is a corporation or association, a copy of the articles of incorporation, the constitution and the by-laws.
- (E) If the applicant is a corporation, each member of the board of directors, executive director, and any officer shall list the names of facilities which they have been licensed to operate, employed by or a member of the board of directors, executive director or an officer.
- (3) Name and address of owner of facility premises if applicant is leasing or renting.
- (4) Procedures as required pursuant to Section 1524.5 of the Health and Safety Code.

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Health and Safety Code section 1524.5 provides:

(a) In addition to any other requirements of this chapter, any community care facility providing residential care for six or fewer persons, except family homes certified by foster family agencies, foster family homes, and small family homes, shall provide a procedure approved by the licensing agency for immediate response to incidents and complaints. This procedure shall include a method of assuring that the owner, licensee, or person designated by the owner or licensee is notified of the incident, that the owner, licensee, or person designated by the owner or licensee has personally investigated the matter, and that the person making the complaint or reporting the incident has received a written response of action taken or a reason why no action needs to be taken.

(b) In order to assure the opportunity for complaints to be made directly to the owner, licensee, or person designated by the owner or licensee, and to provide the opportunity for the owner, licensee, or person designated by the owner or licensee to meet residents and learn of problems in the neighborhood, any facility, except family homes certified by foster family agencies, foster family homes, and small family homes, shall establish a fixed time on a weekly basis when the owner, licensee, or person designated by the owner or licensee will be present.

(c) Facilities shall establish procedures to comply with the requirements of this section on or before July 1, 1996.

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- (5) Category of facility to be operated.
- (6) Maximum number of persons to be served.

- (7) Age range, sex and categories of persons to be served, including but not limited to persons with developmental disabilities, mental disorders, and physically handicapped and/or nonambulatory persons.
- (8) Hours or periods of facility operation.
- (9) Name of administrator, if applicable.
- (10) Information required by Health and Safety Code section 1520(d).

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Health and Safety Code section 1520(d) provides:

Disclosure of the applicant's prior or present service as an administrator, general partner, corporate officer, or director of, or as a person who has held or holds a beneficial ownership of 10 percent or more in, any community care facility or in any facility licensed pursuant to Chapter 1 (commencing with Section 1200) or Chapter 2 (commencing with Section 1250).

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- (11) Information required by Health and Safety Code section 1520(e).

HANDBOOK BEGINS HERE

Health and Safety Code section 1520(e) provides:

Disclosure of any revocation or other disciplinary action taken, or in the process of being taken, against a license held or previously held by the entities specified in subdivision (d).

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- (12) Name, address and telephone number of the city or county fire department, the district providing fire protection services, or the State Fire Marshal's Office having jurisdiction in the area where the facility is located.
- (13) A plan of operation as specified in Section 81022.
- (14) Criminal record clearance as specified in Section 81019.
- (15) The bonding affidavit specified in Section 81025(a).
- (16) A health screening report on the applicant as specified in Section 81065(g).

(17) The fee for processing the application by the requested capacity as specified in Section 81036.

(18) Such other information as may be required pursuant to Section 1520(g) of the Health and Safety Code.

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Health and Safety Code section 1520(g) provides:

Any other information that may be required by the department for the proper administration and enforcement of this chapter.

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(e) The application shall be signed by the applicant.

(1) If the applicant is a partnership, the application shall be signed by each partner.

(2) If the applicant is a firm, association, corporation, county, city, public agency or other governmental entity, the application shall be signed by the chief executive officer or authorized representative.

(f) The application shall be filed with the licensing agency that serves the geographical area in which the facility is located.

(bg) Each applicant shall submit to the Department an itemized financial plan of operation. The financial plan of operation shall consist of a financial statement listing the applicant's assets and liabilities and an anticipated budget, including operating income and costs.

(1) Liquid assets shall be available for start-up funds sufficient to cover the first three months operating costs of the facility.

(A) The value of an existing contract with a ~~C~~ounty ~~M~~ental ~~H~~health ~~A~~gency shall be included as a liquid asset.

(eh) The licensing agency shall have the authority to require written verification of the availability of the funds required in ~~sub~~Section 81018 (bg)(1) above.

(di) Prior to licensure, each applicant shall submit to the licensing agency evidence of current program certification, which shall be signed by an authorized representative of the California Department of Mental Health Care Services.

(1) The certification document shall contain the following:

- (A) Facility name and address;
 - (B) Program type(s);
 - (C) Capacity for each program type;
 - (D) Staff positions and qualifications;
 - (E) Staffing pattern and ratio; and
 - (F) Certification effective/expiration date.
- (2) The facility shall notify the California Department of ~~Mental Health~~ Care Services of any changes pertaining to ~~Section 81018(d)~~(1).
- (A) The licensee shall keep written evidence on file at the facility that the California Department of ~~Mental Health~~ Care Services has received the notification.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7), 1520, 1520.11 1522, 1523.1, 1524.5 and 1560, Health and Safety Code.

Adopt Section 81019 to read:

81019 CRIMINAL RECORD CLEARANCE

81019

- (a) The Department shall conduct a criminal record review of all individuals specified in Health and Safety Code section 1522(b), and shall have the authority to approve or deny a facility license, or employment, residence, or presence in the facility, based upon the results of such review.

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Health and Safety Code section 1522(a)(1) provides:

Before issuing a license or special permit to any person or persons to operate or manage a community care facility, the State Department of Social Services shall secure from an appropriate law enforcement agency a criminal record to determine whether the applicant or any other person specified in subdivision (b) has ever been convicted of a crime other than a minor traffic violation or arrested for any crime specified in Section 290 of the Penal Code for violating Section 245 or 273.5, of the Penal Code, subdivision (b) of Section 273a of the Penal Code, or, prior to January 1, 1994, paragraph (2) of Section 273a of the Penal Code, or for any crime for which the department cannot grant an exemption if the person was convicted and the person has not been exonerated.

Health and Safety Code section 1522(b)(1) provides:

In addition to the applicant, this section shall be applicable to criminal convictions of the following persons:

(A) Adults responsible for administration or direct supervision of staff.

(B) Any person, other than a client, residing in the facility.

(C) Any person who provides client assistance in dressing, grooming, bathing, or personal hygiene. Any nurse assistant or home health aide meeting the requirements of Section 1338.5 or 1736.6, respectively, who is not employed, retained, or contracted by the licensee, and who has been certified or recertified on or after July 1, 1998, shall be deemed to meet the criminal record clearance requirements of this section. A certified nurse assistant and certified home health aide who will be providing client assistance and who falls under this exemption shall provide one copy of his or her current certification, prior to providing care, to the community care facility. The facility shall maintain the copy of the certification on file as long as care is being provided by the certified nurse assistant or certified home health aide at the facility. Nothing in this paragraph restricts the right of the department to exclude a

certified nurse assistant or certified home health aide from a licensed community care facility pursuant to Section 1558.

(D) Any staff person, volunteer, or employee who has contact with the clients.

(E) If the applicant is a firm, partnership, association, or corporation, the chief executive officer or other person serving in like capacity.

(F) Additional officers of the governing body of the applicant, or other persons with a financial interest in the applicant, as determined necessary by the department by regulation. The criteria used in the development of these regulations shall be based on the person's capability to exercise substantial influence over the operation of the facility.

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(b) The following persons are exempt from the requirement to submit fingerprints:

(1) A medical professional, as defined by the Department in regulations, who holds a valid license or certification from the individual's governing California medical care regulatory entity and who is not employed, retained, or contracted by the licensee, if all of the following apply:

(A) The criminal record of the individual has been cleared as a condition of licensure or certification by the individual's California medical care regulatory entity.

(B) The individual is providing time-limited specialized clinical care or services.

(C) The individual is providing care or services within the individual's scope of practice.

(D) The individual is not a community care facility licensee or an employee of the facility.

(2) A third-party repair person, or similar retained contractor, if all of the following apply:

(A) The individual is hired for a defined, time-limited job.

(B) The individual is not left alone with clients.

(C) When clients are present in the room in which the repairperson or contractor is working, a staff person who has a criminal record clearance or exemption is also present.

- (3) Employees of a licensed home health agency and other members of licensed hospice interdisciplinary teams who have a contract with a client of the facility, and are in the facility at the request of that client or client's legal decision maker.
 - (A) The exemption shall not apply to a person who is a community care facility licensee or an employee of the facility.
- (4) Clergy and other spiritual caregivers who are performing services in common areas of the residential care facility, or who are advising an individual client at the request of, or with the permission of, the client.
 - (A) This exemption shall not apply to a person who is a community care facility licensee or an employee of the facility.
- (5) Members of fraternal, service and similar organizations who conduct group activities for clients, if all of the following apply:
 - (A) Members are not left alone with the clients.
 - (B) Members do not transport clients off the facility premises.
 - (C) The same group does not conduct such activities more often than once a month.
- (6) The following persons unless contraindicated by the client's individualized program plan (IPP) or Needs and Services Plan:
 - (A) A spouse, significant other, relative, close friend of a client, or the attendant or facilitator who is not employed, retained or contracted by the licensee for a client with a developmental disability, as long as the person is visiting the resident or providing direct care and supervision to that client only.
 - (B) An attendant or facilitator for a client with a developmental disability if the attendant or facilitator is not employed, retained or contracted by the licensee.
 - (C) The exemptions in Section 81019(b)(6)(A) or (B) apply only if the person is visiting the client or providing direct care and supervision to the client.
- (7) Nothing in this paragraph shall prevent a licensee from requiring a criminal record clearance of any individual exempt from the requirements of this section, provided that the individual has client contact.

- (c) Prior to the Department issuing a license, the applicant, administrator, and any adult other than a client, residing in the facility shall obtain a California criminal record clearance or exemption as specified in Health and Safety Code section 1522(a)(4).

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Health and Safety Code section 1522(a)(4) provides in pertinent part:

The following shall apply to the criminal record information:

(A) If the State Department of Social Services finds that the applicant, or any other person specified in subdivision (b), has been convicted of a crime other than a minor traffic violation, the applicant shall be denied, unless the director grants an exemption pursuant to subdivision (g).

(B) If the State Department of Social Services finds that the applicant, or any other person specified in subdivision (b) is awaiting trial for a crime other than a minor traffic violation, the State Department of Social Services may cease processing the application until the conclusion of the trial.

(C) If no criminal record information has been recorded, the Department of Justice shall provide the applicant and the State Department of Social Services with a statement of that fact.

(D) If the State Department of Social Services finds after licensure that the licensee, or other person specified in paragraph (1) of subdivision (b), has been convicted of a crime other than a minor traffic violation, the license may be revoked, unless the director grants an exemption pursuant to subdivision (g).

(E) An applicant and any other person specified in subdivision (b) shall submit fingerprint images and related information to the Department of Justice for the purpose of searching the criminal records of the Federal Bureau of Investigation, in addition to the criminal records search required by this subdivision. If an applicant and all other persons described in subdivision (b) meet all of the conditions for licensure, except the receipt of the Federal Bureau of Investigation's criminal offender record information search response for the applicant or any of the persons described in subdivision (b), the Department may issue a license if the applicant and each person described in subdivision (b) has signed and submitted a statement that he or she has never been convicted of a crime in the United States, other than a traffic infraction, as defined in paragraph (1) of subdivision (a) of Section 42001 of the Vehicle Code. If, after licensure, the department determines that the licensee or person specified in subdivision (b) has a criminal record, the license may be revoked pursuant to Section 1550. The Department may also suspend the license pending as administrative hearing pursuant to Section 1550.5.

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(d) All individuals subject to criminal record review shall be fingerprinted and sign a Criminal Record Statement - LIC 508 (1/03) under penalty of perjury.

(1) A person signing the LIC 508 must:

(A) Declare whether he/she has been convicted of a crime, other than a minor traffic violation as specified in Section 81019(i), regardless of whether the individual was granted a pardon for the conviction or received an expungement pursuant to Penal Code section 1203.4 or the individual's record was sealed as a result of a court order.

(B) If convicted of a crime other than a minor traffic violation, provide information regarding the conviction.

(2) The licensee shall submit these fingerprints to the California Department of Justice, along with a second set of fingerprints for the purpose of searching the records of the Federal Bureau of Investigation, or to comply with the requirements of Section 81019(e), prior to the individual's employment, residence, or initial presence in the community care facility.

(A) Fingerprints shall be submitted to the California Department of Justice by the licensee, or sent by electronic transmission to the California Department of Justice by a fingerprinting entity approved by the Department.

(e) All individuals subject to a criminal record review pursuant to Health and Safety Code section 1522 shall prior to working, residing or volunteering in a licensed facility:

(1) Obtain a California clearance or a criminal record exemption as required by the Department; or

(2) Request a transfer of a criminal record clearance as specified in Section 81019(f); or

(3) Request and be approved for a transfer of a criminal record exemption, as specified in Section 81019.1(s), unless, upon request for the transfer, the Department permits the individual to be employed, reside or be present at the facility.

(f) A licensee or applicant for a license may request a transfer of a criminal record clearance from one state-licensed facility to another, or from TrustLine to a state-licensed facility by providing the following documents to the Department:

(1) A signed Criminal Background Clearance Transfer Request - LIC 9182 (4/02).

(2) A copy of the individual's:

- (A) Driver's license, or
- (B) Valid identification card issued by the Department of Motor Vehicles, or
- (C) Valid photo identification issued by another state or the United States government if the individual is not a California resident.
- (3) Any other documentation required by the Department (e.g., Criminal Record Statement - LIC 508 (1/03), job description).

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Health and Safety Code section 1522(h)(2) provides:

The State Department of Social Services shall hold criminal record clearances in its active files for a minimum of three years after an employee is no longer employed at a licensed facility in order for the criminal record clearance to be transferred.

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- (g) Violation of Section 81019(e) will result in a citation of a deficiency and an immediate assessment of a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of five (5) days by the Department.
 - (1) Subsequent violations within a twelve (12) month period will result in a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of thirty (30) days.
 - (2) The Department may assess civil penalties for continued violations as permitted by Health and Safety Code section 1548.
- (h) Violation of Section 81019(e) may result in a denial of the license application or suspension or revocation of the license.
- (i) If the criminal record transcript of any of the individuals specified in Health and Safety Code section 1522(b) discloses a plea or verdict of guilty or a conviction following a plea of nolo contendere for any crime other than a minor traffic violation for which the fine was less than \$300, and an exemption pursuant to Section 81019.1(a) has not been granted, the Department shall take the following actions:
 - (1) For initial applicants, deny the application.
 - (2) For current licensees, the Department may institute an administrative action, including, but not limited to, revocation of the license.

- (3) For current employees, exclude the affected individual pursuant to Health and Safety Code section 1558, and revoke the license, if the individual continues to provide services at the facility.
- (4) For convicted individuals residing in the facility, exclude the affected individual pursuant to Health and Safety Code section 1558, and deny the application or revoke the license, if the individual continues to provide services and/or reside at the facility.
- (j) The licensee shall maintain documentation of criminal record clearances or criminal record exemptions of employees in the individual's personnel file as required in Section 81066.
 - (1) The documentation shall be available for inspection by the Department.
- (k) The Department may seek verification from a law enforcement agency or court of an individual's criminal record as reported to the Department from any member of the public or affected individual.
 - (1) Upon obtaining confirmation from a law enforcement agency or court of the offense, the Department shall proceed as if this criminal record information was provided by the California Department of Justice.

Authority cited: Section 1530 and 1548(e), Health and Safety Code.

Reference: Sections 1503.5, 1505, 1508, 1522, 1531 1533, 1538, 1540, 1540.1, 1541, 1547, 1548 and 1549, Health and Safety Code.

Adopt Section 81019.1 to read:

81019.1 CRIMINAL RECORD EXEMPTION

81019.1

- (a) The Department will notify a licensee to act immediately to remove from the facility or bar from entering the facility any person described in Sections 81019.1(a)(1) through (a)(5) below while the Department considers granting or denying an exemption. Upon notification, the licensee shall comply with the notice.
- (1) Any person who has been convicted of, or is awaiting trial for, a sex offense against a minor;
 - (2) Any person who has been convicted of a felony;
 - (3) Any person who has been convicted of an offense specified in Sections 243.4, 273a, 273d, 273g, or 368 of the Penal Code or any other crime specified in Health and Safety Code section 1522(c)(3);
 - (4) Any person who has been convicted of any crime specified below:
 - (A) Battery
 - (B) Shooting at Inhabited Dwelling
 - (C) Corporal Injury on Spouse/Cohabitant
 - (D) Discharging Firearm with Gross Negligence
 - (E) Exhibiting Weapon/Firearm
 - (F) Threat to Commit a Crime Resulting in Gross Bodily Injury or Death
 - (G) Criminal Threat to Harm or Injure Another Person
 - (H) Cruelty to Animals
 - (I) Willful Harm or Injury to Child;
 - (5) Any other person ordered to be removed by the Department.
- (b) In addition to the requirements of Section 81019.1(a), the licensee must return the confirmation of removal form that is sent by the Department, within five (5) days of the date of the form that confirms under penalty of perjury that the individual has been removed from the facility.

- (1) Confirmation must be made on either a Removal Confirmation – Exemption Needed - LIC 300A (9/03), Removal Confirmation - Denial - LIC 300B (9/03), Removal Confirmation - Rescinded - LIC 300C (9/03), or Removal Confirmation – Non-exemptible - LIC 300D (9/03).
- (c) After a review of the criminal record transcript, the Department may grant an exemption if:
- (1) The applicant/licensee requests an exemption in writing for himself or herself, or
 - (2) The applicant/licensee requests an exemption in writing for an individual associated with the facility, or
 - (3) The applicant/licensee chooses not to seek an exemption on the affected individual's behalf, the affected individual requests an individual exemption in writing, and
 - (4) The affected individual presents substantial and convincing evidence satisfactory to the Department that he/she has been rehabilitated and presently is of such good character as to justify being issued or maintaining a license, employment, presence, or residence in a licensed facility.
- (d) To request a criminal record exemption, a licensee or license applicant must submit information that indicates that the individual meets the requirements of Section 81019.1(c)(4). The Department will notify the licensee or license applicant and the affected individual, in concurrent, separate notices, that the affected individual has a criminal conviction and needs to obtain a criminal record exemption.
- (1) The notice to the affected individual shall include a list of the conviction(s) that the Department is aware of at the time the notice is sent that must be addressed in an exemption request.
 - (2) The notice will list the information that must be submitted to request a criminal record exemption.
 - (3) The information must be submitted within forty-five (45) days of the date of the Department's notice.
- (A) Individuals who submit a criminal record exemption request shall cooperate with the Department by providing any information requested by the Department, including, but not limited to, police reports and certified court documents to process the exemption request, pursuant to Section 81019(e).
 - (B) If the individual for whom the criminal record exemption is requested is an employee or resident other than a spouse or a dependent family member and the licensee/license applicant does not submit the information listed in the

Department's written notice within 45 days of the date of the notice, the Department may cease processing the exemption request and close the case.

(C) If the individual for whom the criminal record exemption is requested is an applicant, licensee, spouse or dependent family member and the licensee/license applicant does not submit the information listed in the Department's written notice within 45 days of the date of the notice, the Department may deny the exemption request.

(D) Individuals may request a criminal record exemption on their own behalf if the licensee or license applicant:

1. Chooses not to request the exemption and
2. Chooses not to employ or terminates the individual's employment after receiving notice of the individual's criminal history, or
3. Removes the individual who resides in the facility after receiving notice of the individual's criminal history.

(e) The Department shall consider factors including, but not limited to, the following as evidence of good character and rehabilitation:

- (1) The nature of the crime including, but not limited to, whether it involved violence or a threat of violence to others.
- (2) Period of time since the crime was committed and number of offenses.
- (3) Circumstances surrounding the commission of the crime that would demonstrate the unlikelihood of repetition.
- (4) Activities since conviction, including employment or participation in therapy or education, that would indicate changed behavior.
- (5) Granting by the Governor of a full and unconditional pardon.
- (6) Character references.

(A) All character references shall be on a Reference Request form – (LIC 301E – Exemptions [Rev. (07/03)]).

- (7) A certificate of rehabilitation from a superior court.
- (8) Evidence of honesty and truthfulness as revealed in exemption application documents.

- (A) Documents include, but are not limited to:
 - 1. A Criminal Record Statement - LIC 508 (1/03) and
 - 2. The individual's written statement/explanation of the conviction and the circumstances about the arrest.
- (9) Evidence of honesty and truthfulness as revealed in exemption application interviews and conversations with the Department.
- (f) The Department shall also consider the following factors in evaluating a request for an exemption:
 - (1) Facility and type of association.
 - (2) The individual's age at the time the crime was committed.
- (g) The Department may deny an exemption request if:
 - (1) The licensee and/or the affected individual fails to provide documents requested by the Department, or
 - (2) The licensee and/or the affected individual fails to cooperate with the Department in the exemption process.
- (h) The reasons for any exemption granted or denied shall be in writing and kept by the Department.
 - (1) Exemption denial notices shall specify the reason the exemption was denied.
- (i) The Department has the authority to grant a criminal record exemption that places conditions on the individual's continued licensure, and employment or presence in a licensed facility.
- (j) It shall be conclusive evidence that the individual is not of such good character as to justify issuance of an exemption if the individual:
 - (1) Makes a knowingly false or misleading statement regarding:
 - (A) Material relevant to their application for a criminal record clearance or exemption,

- (B) His or her criminal record clearance or exemption status to obtain employment or permission to be present in a licensed facility, after the Department has ordered that they be excluded from any or all licensed facilities, or
 - (C) His or her criminal record clearance or exemption status in order to obtain a position with duties that are prohibited to him/her by a conditional exemption; or
 - (2) Is on probation or parole.
 - (A) If the individual is currently on probation, and provides sufficient proof that the probationary period(s) is informal, unsupervised and no probation officer is assigned, the Department may, in its discretion, grant a criminal record exemption notwithstanding Section 81019.1(j)(2).
- (k) The Department shall consider granting a criminal record exemption if the individual's criminal history meets all of the applicable criteria specified in Sections 81019.1(k)(1) through (6) and the individual provides the Department with substantial and convincing evidence of good character as specified in Section 81019.1(c)(4). For purposes of this Section, a violent crime is a crime that, upon evaluation of the code Section violated or the reports regarding the underlying offense, presents a risk of harm or violence.
 - (1) The individual has been convicted of one nonviolent misdemeanor, and one year has lapsed since completing the most recent period of incarceration or probation.
 - (2) The individual has been convicted of two or more nonviolent misdemeanors and four consecutive years have lapsed since completing the most recent period of incarceration, probation or parole, whichever is latest.
 - (3) The individual has been convicted of one or more violent misdemeanors and 15 consecutive years have lapsed since completing the most recent period of incarceration, probation or parole, whichever is latest.
 - (4) The individual has been convicted of one nonviolent felony and four consecutive years have lapsed since completing the most recent period of incarceration, probation or parole, whichever is latest.
 - (5) The individual has been convicted of two or more nonviolent felonies and ten consecutive years have lapsed since completing the most recent period of incarceration, probation or parole, whichever is latest.
 - (6) The individual has not been convicted of a violent felony.
 - (7) If the individual is currently on probation, and provides sufficient proof that the probationary period(s) is informal, unsupervised and no probation officer is assigned,

the period of lapsed time required in Sections 81019.1(k)(1) through (k)(5) above shall begin from the last date of conviction(s).

- (l) It shall be a rebuttable presumption that an individual is not of such good character as to justify the issuance of an exemption if the individual fails to meet the requirements specified in Sections 81019.1(k)(1) through (k)(6).
- (m) The Department shall not grant an exemption if the individual has a conviction for any offense specified in Section 1522(g)(1) of the Health and Safety Code.

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Pursuant to Health and Safety Code section 1522(g)(1), no exemption shall be granted if an individual has been convicted of any of the following offenses, including those in Penal Code sections 290(c) and 667.5(c):

- (1) Penal Code section 37 – Treason
- (2) Penal Code section 128* - Perjury resulting in the conviction of an innocent person
- (3) Penal Code sections 136.1* constituting a felony of 186.22 – Threats to victims or witnesses, as defined in Section 136.1, which would constitute a felony violation of Section 186.22.
- (4) Penal Code sections 187, 190 through 190.4 and 192(a) – Any murder/Attempted murder/Voluntary manslaughter.
- (5) Penal Code section 203 – Any mayhem.
- (6) Penal Code section 206 – Felony torture.
- (7) Penal Code sections 207**, 208, 209**, 209.5, 210 – Kidnapping.
- (8) Penal Code sections 211, 212.5, 213, 214 – Any robbery. Pursuant to Glesmann v. Saenz (2006) 140 Cal. App. 4th 960, 990 an exemption may be considered if the subject was convicted of 2nd degree robbery and has obtained a certificate of rehabilitation.
- (9) Penal Code section 215 – Carjacking.
- (10) Penal Code section 218 or 219 – Train Wrecking
- (11) Penal Code section 220 – Assault with intent to commit mayhem, rape, sodomy or oral copulation. A conviction for an attempt to commit this crime is also non-

exemptible, except for attempted assault with intent to commit mayhem, as specified at Penal Code section 290(c).

- (12) Penal Code section 243.4 **– Sexual battery.
- (13) **Penal Code section 261(a), (a)(1), (2), (3), (4) or (6) – Rape.
- (14) Penal Code section 262(a)(1)** or (4) – Rape of a spouse. Section 262(a)(1) requires use of violence or force for which the subject was sentenced to state prison, as specified at Penal Code section 290(c).
- (15) Penal Code section 264.1** – Rape in concert.
- (16) Penal Code section 266** – Enticing a minor into prostitution.
- (17) Penal Code section 266c – Induce to sexual intercourse, etc. by fear or consent through fraud.
- (18) Penal Code section 266h(b) – Pimping a minor.
- (19) Penal Code section 266i(b) – Pandering a minor.
- (20) Penal Code section 266j – Providing a minor under 16 for lewd or lascivious act.
- (21) Penal Code section 267** – Abduction for prostitution.
- (22) Penal Code section 269** – Aggravated assault of a child.
- (23) Penal Code section 272** – Contributing to the delinquency of a minor. Must involve lewd or lascivious conduct as specified at Penal Code section 290(c).
- (24) Penal Code section 273a(a) [or 273a(1) if the conviction was prior to January 1, 1994] – Willfully causing or permitting any child to suffer under circumstances or conditions likely to produce great bodily harm or death.
- (25) Penal Code section 273d – Willfully inflicting any cruel or inhuman corporal punishment or injury on a child. If conviction was prior to 1978, then it must be for child abuse and not spousal abuse.
- (26) Penal Code section 285**– Incest.
- (27) Penal Code section 286** – Sodomy. Pursuant to Penal Code section 290(c), need not be "by force".
- (28) Penal Code section 288** – Lewd or lascivious act upon a child under 14.

- (29) Penal Code section 288a – Oral copulation. Pursuant to Penal Code section 290(c), need not be "by force".
- (30) Penal Code section 288.2** – Felony conviction for distributing lewd material to children.
- (31) Penal Code section 288.3 - Contact with a minor to commit sexual offense
- (32) Penal Code section 288.4 – Meeting with minor for sexual purpose
- (33) Penal Code section 288.5 – Continuous sexual abuse of a child and attempted.
- (34) Penal Code section 288.7 — Sexual conduct with child 10 years or younger
- (35) Penal Code section 288.5(a)** – Continuous sexual abuse of a child.
- (36) Penal Code section 289** – Genital or anal penetration or abuse by any foreign or unknown object.
- (37) Penal Code section 290(a) – All crimes specified for which one must register as a sex offender including attempts and not guilty by insanity.
- (38) Penal Code section 311.1** – Sent or brought into state for possession or distribution: child related pornography.
- (39) **Penal Code section 311.2(b), (c) or (d) – Sending or bringing into state, possessing for distribution: child-related pornography.
- (40) Penal Code section 311.3** – Sexual exploitation of a child.
- (41) Penal Code section 311.4** – Using a minor to assist in making or distributing child pornography.
- (42) Penal Code section 311.10** – Advertising or distributing child pornography.
- (43) Penal Code section 311.11** – Possessing child pornography.
- (44) Penal Code section 314 (1) or (2) – Lewd or obscene exposure of private parts.
- (45) Penal Code section 347(a) – Felony poisoning or adulterating food, drink, medicine, pharmaceutical products, spring, well or reservoir.
- (46) Penal Code section 368 – Elder or dependent adult abuse.

- (47) Penal Code section 417(b) – Felony drawing, exhibiting or using a loaded firearm on the grounds of a child day care center or similar program.
- (48) Penal Code section 451(a) – Arson with great bodily injury.
- (49) Penal Code sections 186.22 and 518 – Felony Extortion/ Gang related.
- (50) **Penal Code section 647.6 or prior to 1988 former Section 647a – Annoy or molest a child under 18.
- (51) Penal Code section 653f(c)** – Solicit another to commit rape, sodomy, etc.
- (52) Penal Code sections 664/187 – Any attempted murder.
- (53) *Penal Code section 667.5(c)(7) – Any felony punishable by death or imprisonment in the state prison for life without possibility of parole.
- (54) *Penal Code section 667.5(c)(8) – Enhancement for any felony which inflicts great bodily injury.
- (55) Penal Code section 12308, 12309 or 12310 – Exploding or igniting or attempting to explode or ignite any destructive device or explosive with intent to commit murder.
- (56) Penal Code section 12022.53 – Enhancement for listed felonies where use of a firearm.
- (57) Penal Code section 11418(b)(1) or (b)(2) – Use of weapon of mass destruction.
- (58) Business and Professions Code section 729 – Felony sexual exploitation by a physician, psychotherapist, counselor, etc.

* See Health and Safety Code section 1522(g)(1) for exception.

** A conviction for the attempt to commit these crimes is also non-exemptible, as specified at Penal Code section 290(a)(2)(A).

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(n) The Department shall consider granting a simplified criminal record exemption only if the individual has the criminal history profile outlined in Sections 81019.1(n)(1) through (n)(4) below:

- (1) The individual does not have a demonstrated pattern of criminal activity;
- (2) The individual has no more than one conviction;

- (3) The conviction is a misdemeanor and is a crime that is nonviolent and does not pose a risk of harm to an individual; and
- (4) It has been at least five consecutive years since the completion of the most recent period of incarceration or supervised probation.
- (o) At the Department's discretion, an individual who is otherwise eligible for a simplified exemption may be required to go through the standard exemption process if the Department determines such action will help to protect the health and safety of clients.
- (p) If the Department denies or cannot grant a criminal record exemption, the Department shall:
 - (1) For initial applicants, deny the application.
 - (2) For current licensees, the Department may institute an administrative action, including, but not limited to, revocation of the license.
 - (3) For current employees, exclude the affected individual pursuant to Health and Safety Code section 1558, deny the application or revoke the license, if the individual continues to provide services and/or reside at the facility.
 - (4) For individuals residing in the facility or the licensee, exclude the affected individual pursuant to Health and Safety Code section 1558, and deny the application or revoke the license, if the individual continues to provide services and/or reside at the facility.
- (q) If a request for an exemption has been denied, the individual shall be excluded for a period of two years unless the individual has been convicted of a crime for which no exemption may be granted pursuant to Section 81019.1(m). If a request for an exemption has been denied based on a conviction of a crime for which no exemption may be granted, the individual shall be excluded for the remainder of the individual's life.
 - (1) If the Department determines during the review of an exemption request, that the individual was denied an exemption for a conviction of a crime for which an exemption may be granted within the preceding two years, the Department shall cease any further review of the request until two years have elapsed from the date of the denial. In cases where the individual requested a hearing on an exemption denial, the Department shall cease review of the request for an exemption until two years from the effective date of the decision and order of the Department upholding the denial. In cases where the individual submitted a petition for reinstatement or reduction in penalty pursuant to Government Code section 11522 that was denied, the Department shall cease review of the request for an exemption until two years from the effective date of the decision and order of the Department denying the petition.

- (2) An exclusion order based solely upon a denied exemption shall remain in effect and the individual shall not be employed in or present in a licensed facility or certified home, unless either a petition or an exemption is granted.
- (3) If an individual who has previously been denied an exemption re-applies after the relevant time period described in Section 81019.1(q)(1) above, the Department may, according to the provisions in this section, grant or deny the subsequent request for an exemption.
- (4) If an individual submits a petition pursuant to Government Code section 11522 for reinstatement or reduction of penalty for an exclusion, an individual must submit his/her fingerprints through an electronic system approved by the Department and submit to the Department a statement of the reason why the individual should be permitted to work or be present in a facility, along with all information required of an individual requesting a criminal exemption as provided in this section. If it is determined, based upon information provided by the Department of Justice, that the individual has been convicted of a crime for which no exemption may be granted, the petition shall be denied. An individual's failure to submit fingerprints or other information as requested by the Department, shall be grounds for denial of the petition. The burden shall be on the petitioner to prove sufficient rehabilitation and good character to justify the granting of the petition.
- (r) A licensee or applicant for a license may request a transfer of a criminal record exemption from one state licensed facility to another by providing the following documents to the Department:
 - (1) A signed Criminal Record Exemption Transfer Request - LIC 9188 (9/03).
 - (2) A copy of the individual's:
 - (A) Driver's license, or
 - (B) Valid identification card issued by the Department of Motor Vehicles, or
 - (C) Valid photo identification issued by another state or the United States Government if the individual is not a California resident.
 - (3) Any other documentation required by the Department (e.g., Criminal Record Statement - LIC 508 (1/03), job description).
- (s) The Department may consider factors including, but not limited to, the following in determining whether or not to approve an exemption transfer:
 - (1) The basis on which the Department granted the exemption;

- (2) The nature and frequency of client contact in the new position;
- (3) The category of facility where the individual wishes to transfer;
- (4) The type of clients in the facility where the individual wishes to transfer;
- (5) Whether the exemption was appropriately evaluated and granted in accordance with existing exemption laws or regulations; or
- (6) Whether the exemption meets current exemption laws or regulations.
- (t) If the Department denies the individual's request to transfer a criminal record exemption, the Department shall provide the individual and the licensee with written notification that states the Department's decision and informs the affected individual of their right to an administrative hearing to contest the Department's decision.
- (u) At the Department's discretion, an exemption may be rescinded if it is determined that:
 - (1) The exemption was granted in error, or
 - (2) The exemption does not meet current exemption laws or regulations, or
 - (3) The conviction for which an exemption was granted subsequently becomes non-exemptible by law.
- (v) The Department may rescind an individual's criminal record exemption if the Department obtains evidence showing that the individual engaged in conduct that is inconsistent with the good character requirement of a criminal record exemption, as evidenced by factors including, but not limited to, the following:
 - (1) Violations of licensing laws or regulations;
 - (2) Any conduct by the individual that indicates that the individual may pose a risk to the health and safety of any individual who is or may be a client;
 - (3) Nondisclosure of a conviction or evidence of lack of rehabilitation that the individual failed to disclose to the Department, even if it occurred before the exemption was issued; or
 - (4) The individual is convicted of a subsequent crime.
- (w) If the Department rescinds an exemption the Department shall:
 - (1) Notify the licensee and the affected individual in writing; and

(2) Initiate an administrative action.

- (x) If the Department learns that an individual with a criminal record clearance or exemption has been convicted of a subsequent crime, the Department, at its sole discretion, may immediately initiate an administrative action to protect the health and safety of clients.

Authority cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1522 and 1531, Health and Safety Code, and Greshner v. Anderson (2005) 127 Cal. App. 4th 88; and Glesmann v. Saenz (2006) 140 Cal. App.4th 960.

Adopt Section 81020 to read:

81020 FIRE CLEARANCE

81020

- (a) A social rehabilitation facility shall secure and maintain a fire clearance approved by the city or county fire department, the district providing fire protection services, or the State Fire Marshal.
- (1) The request for fire clearance shall be made through and maintained by the licensing agency.
- (b) The applicant shall notify the licensing agency if the facility plans to admit any of the following categories of clients so that an appropriate fire clearance, approved by the city or county fire department, the district providing fire protection services, or the State Fire Marshal, can be obtained prior to the acceptance of such clients:
- (1) Persons 65 years of age and over.
- (2) Persons who are nonambulatory, as defined in Section 81001(n)(2).

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Persons who use postural supports pursuant to Section 81072(a)(8) are nonambulatory.

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Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1520 and 1531, Health and Safety Code.

Adopt Section 81021 to read:

81021 WATER SUPPLY CLEARANCE

81021

(a) A social rehabilitation facility where water for human consumption is from a private source shall meet the following requirements:

- (1) As a condition of initial licensure, the applicant shall provide evidence of an onsite inspection of the source of the water and a bacteriological analysis which establishes the safety of the water, conducted by the local health department, the State Department of Public Health or a licensed commercial laboratory.
- (2) Subsequent to initial licensure, the licensee shall provide evidence of a bacteriological analysis of the private water supply as frequently as is necessary to ensure the safety of the clients, but no less frequently than specified in the following table:

<u>LICENSED CAPACITY</u>	<u>ANALYSIS REQUIRED</u>	<u>PERIODIC SUBSEQUENT ANALYSIS</u>
<u>6 or fewer</u>	<u>Initial licensing</u>	<u>Not required unless evidence supports the need for such analysis to protect clients.</u>
<u>7 through 15</u>	<u>Initial licensing</u>	<u>Annually</u>
<u>16 through 24</u>	<u>Initial licensing</u>	<u>Semiannually</u>
<u>25 or more</u>	<u>Initial licensing</u>	<u>Quarterly</u>

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1520 and 1531, Health and Safety Code.

Amend Section 81022 to read:

81022 PLAN OF OPERATION

81022

- (a) ~~In addition to section 80022, the plan of operation shall include:~~ Each licensee shall have and maintain on file a current, written, definitive plan of operation.
- (b) The plan and related materials shall contain the following:
- (1) Statement of purposes, and program methods and goals.
 - (2) Statement of admission policies and procedures regarding acceptance of clients.
 - (3) A copy of the admission agreement.
 - (4) Administrative organization, if applicable.
 - (5) Staffing plan, qualifications and duties, if applicable.
 - (6) Plan for inservice education of staff if required by regulations governing this chapter.
 - (7) A sketch of the building(s) to be occupied, including a floor plan which describes the capacities of the buildings for the uses intended, room dimensions, and a designation of the rooms to be used for nonambulatory clients, if any.
 - (8) A sketch of the grounds showing buildings, driveways, fences, storage areas, pools, gardens, recreation areas and other space used by the clients.
 - (A) The sketch shall include the dimensions of all areas which will be used by the clients.
 - (9) Sample menus and a schedule for one calendar week indicating the time of day that meals and snacks are to be served.
 - (10) Transportation arrangements for clients who do not have independent arrangements.
 - (11) Rate setting policy including, but not limited to, policy on refunds.
 - (12) A statement whether or not the licensee will handle the clients' money, personal property, and/or valuables. If money, personal property, and/or valuables will be handled, the method for safeguarding shall ensure compliance with Sections 81025 and 81026.

- (13) Consultant and community resources to be utilized by the facility as part of its program.
- (14) A statement of the facility's policy concerning family visits and other communications with the client pursuant to Health and Safety Code section 1512.

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Health and Safety Code section 1512 provides in pertinent part:

...The community care facility's policy concerning family visits and communication shall be designed to encourage regular family involvement with the resident client and shall provide ample opportunities for family participation in activities at the facility.

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- (15) A statement that specifies the maximum length of treatment for the clients, which shall not exceed 18 months.
- (216) Written evidence of arrangements for any consultants and community resources which are to be utilized in the facility's plan of operation or to meet regulatory requirements.
- (317) Provisions for ensuring that food service requirements (~~sSections 80076 and~~ 81076) and building and grounds requirements (~~sSections 80087 and~~ 81087) shall continue to be met when the clients are unable or unwilling to perform these functions as a part of their treatment plans.
- (418) A written plan for the supervision and training of staff as required by sSection 81065(fq).
- (519) A written staff continuing education plan which meets the requirements of sSection 81065(gr).
- (620) A written plan for managing client psychiatric crises, including procedures for facility staff intervention and for securing assistance from local psychiatric emergency response agencies.
- (721) A current, valid program certification by the Department of Mental Health Care Services.
 - (A) The certification document shall contain the information required in sSection 81018.

(bc) ~~In addition to subsection (a) above, a~~Any facility with a certified Long-Term Residential Treatment Program shall submit the following information to the licensing agency:

(1) The treatment program which shall include those services specified in ~~s~~Section 81001-1.(1)(1)(5).

(ed) ~~In addition to subsection (a) above, a~~Any facility with a certified Short-Term Crisis Residential Program shall submit the following information to the licensing agency:

(1) The treatment program, which shall include those services specified in ~~s~~Section 81001s.(1)(s)(2).

(de) ~~In addition to subsection (a) above, a~~Any facility with a certified Transitional Residential Program shall submit the following information to the licensing agency:

(1) The treatment program which shall include those services specified in ~~s~~Section 81001t.(1)(t)(2).

(f) If the licensee intends to admit or care for one or more clients who have a restricted health condition as specified in Section 81092, the facility policies and a program description shall be included. At a minimum, the information related to those clients and their needs shall specify all of the following:

(1) The type of restricted health condition that the licensee plans to admit.

(2) The licensee's plans for serving that client.

(A) If the licensee plans to admit or care for one or more clients who have a staph or other serious, communicable infection, the plan must include:

1. A statement that all staff will receive training in universal precautions within the first 10 days of employment, and before providing care to these clients.

2. A statement of how the licensee will ensure that the training is obtained, and the name and qualifications of the person or organization that will provide the training.

(3) The services that will be provided.

(4) Staffing adjustments if needed in order to provide the proposed services.

(A) This may include increased staffing, hiring staff with additional or different qualifications, utilizing licensed professionals as consultants, or hiring licensed professionals.

- (g) If the licensee intends to admit or care for one or more clients who rely upon others to perform all activities of daily living, the plan of operation must also include a statement that demonstrates the licensee's ability to care for these clients. The evidence of ability may include, but not be limited to:
- (1) The licensee's experience in providing care to these clients.
 - (2) The licensee's experience providing care to a family member with this condition.
 - (3) The licensee's plan to hire staff who have experience providing care to these clients, and documentation of what the staff person's experience has been.
 - (4) Documentation of training the licensee and/or staff have completed specific to the needs of these clients.
 - (5) History of continued placements by a regional center.
- (h) If the licensee intends to admit and/or specialize in care for one or more clients who has a propensity for behaviors that result in harm to self or others, the facility plan of operation shall include a description of precautions that will be taken to protect that client and all other clients.
- (i) Any changes in the plan of operation which affect the services to clients shall be subject to licensing agency approval and shall be reported as specified in Section 81061.
- (j) The facility shall operate in accordance with the terms specified in the plan of operation and may be cited for not doing so.

Authority cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and 5671 ~~5458~~, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7), 1507, 1512, 1520 and 1531, Health and Safety Code.

Adopt Section 81023 to read:

81023 DISASTER AND MASS CASUALTY PLAN

81023

- (a) Each licensee shall have and maintain on file a current, written disaster and mass casualty plan of action.
- (b) The plan shall be subject to review by the licensing agency and shall include:
 - (1) Designation of administrative authority and staff assignments.
 - (2) Contingency plans for action during fires, floods, and earthquakes, including but not limited to the following:
 - (A) Means of exiting.
 - (B) Transportation arrangements.
 - (C) Relocation sites which are equipped to provide safe temporary accommodation for clients.
 - (D) Arrangements for supervision of clients during evacuation or relocation, and for contact after relocation to ensure that relocation has been completed as planned.
 - (E) Means of contacting local agencies, including but not limited to the fire department, law enforcement agencies, and civil defense and other disaster authorities.
- (c) The licensee shall instruct all clients, age and abilities permitting, all staff, and/or members of the household in their duties and responsibilities under the plan.
- (d) Disaster drills shall be conducted at least every six months.
 - (1) Completion of such drills shall not require travel away from the facility grounds or contact with local disaster agencies.
 - (2) The drills shall be documented and the documentation maintained in the facility for at least one year.

Authority cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1520 and 1531, Health and Safety Code.

Amend Section 81024 to read:

81024 WAIVERS AND EXCEPTIONS

81024

- (a) In addition to Section 80024, the following shall apply: Unless prior written licensing agency approval is received as specified in Section 81024(b) below, all licensees shall maintain continuous compliance with the licensing regulations.
- (b) The licensing agency shall have the authority to approve the use of alternate concepts, programs, services, procedures, techniques, equipment, space, personnel qualifications or staffing ratios, or the conduct of experimental or demonstration projects under the following circumstances:
 - (1) Such alternatives shall be carried out with provisions for safe and adequate services, and shall in no instance be detrimental to the health and safety of any facility client.
 - (2) The applicant or licensee shall submit to the licensing agency a written request for a waiver or exception, together with substantiating evidence supporting the request.

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In determining the merits of each request, the licensing agency shall use as guidelines the standards utilized or recommended by well-recognized state and national organizations, as available or determined appropriate by the licensing agency.

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- (3) The licensing agency shall provide written approval or denial of the request.
- (c) Within 30 days of receipt of a request for a waiver or an exception, the licensing agency shall notify the applicant or licensee, in writing, of one of the following:
 - (1) The request with substantiating evidence has been received and accepted for consideration.
 - (2) The request is deficient, describing additional information required for the request to be acceptable and a time frame for submitting this information.
 - (A) Failure of the applicant or licensee to comply within the time specified in Section 81024(c)(2) above shall result in denial of the request.
- (d) Within 30 days of receipt of an acceptable request for a waiver or an exception, the licensing agency shall notify the applicant or licensee, in writing, whether the request has been approved or denied.

(b) The Department shall notify the California Department of ~~Mental~~ Health Care Services of all waiver and exception requests.

- (1) A copy of the approval or denial shall be sent to the California Department of ~~Mental~~ Health Care Services.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; and Sections 1501, ~~and~~ 1502(a)(7), 1509 and 1531, Health and Safety Code; ~~and~~ ~~Section 15376 Government Code.~~

Adopt Section 81025 to read:

81025 BONDING

81025

- (a) The licensee shall submit an affidavit, on a form provided by the licensing agency, stating whether he/she safeguards or will safeguard cash resources of clients; and the maximum amount of cash resources to be safeguarded for all clients, or for each client in any month.
- (b) All licensees, other than governmental entities, who are entrusted to care for and control clients' cash resources shall file or have on file with the licensing agency, a bond issued by a surety company to the State of California as principal.
- (c) The amount of the bond shall be according to the following schedule:

AMOUNT SAFEGUARDED PER MONTH BOND REQUIRED

<u>\$750 or less</u>	<u>\$1,000</u>
<u>\$751 to \$1,500</u>	<u>\$2,000</u>
<u>\$1,501 to \$2,500</u>	<u>\$3,000</u>

Every further increment of \$1,000 or fraction thereof shall require an additional \$1,000 on the bond.

- (d) The licensee shall submit a new affidavit and bond to the licensing agency prior to the licensee safeguarding amounts of clients' cash resources in excess of the current bond.
- (e) Whenever the licensing agency determines that the amount of the bond is insufficient to provide necessary protection of clients' cash resources, or whenever the amount of any bond is impaired by any recovery against the bond, the licensing agency shall have the authority to require the licensee to file an additional bond in such amount as the licensing agency determines to be necessary to protect clients' cash resources.
- (f) The provisions of this section shall not apply if the licensee meets the requirements specified in Section 1560 of the Health and Safety Code.

Authority Cited: Sections and 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; 1560 and 1561, Health and Safety Code.

Adopt Section 81026 to read:

81026 SAFEGUARDS FOR CASH RESOURCES, PERSONAL
PROPERTY, AND VALUABLES

81026

- (a) A licensee shall not be required to accept for admission or continue to care for any client whose incapacities, as documented by the initial or subsequent needs appraisals, would require the licensee to handle such client's cash resources.
- (b) If such a client is accepted for or maintained in care, his/her cash resources, personal property, and valuables not handled by a person outside the facility who has been designated by the client or his/her authorized representative shall be handled by the licensee or facility staff, and shall be safeguarded in accordance with the requirements specified in Section 81026(c) through (n) below.
- (c) Except where provided for in approved continuing care agreements, no licensee or employee of a licensee shall:
 - (1) accept appointment as a guardian or conservator of the person and/or estate of any client;
 - (2) accept any general or special power of attorney except for Medi-Cal or Medicare claims for any client;
 - (3) become the substitute payee for any payments made to any client.
 - (A) This requirement does not apply to a licensee who is appointed by the Social Security Administration as representative payee for the client.
 - (4) become the joint tenant on any account specified in Section 81026(i) with a resident.
- (d) Cash resources, personal property, and valuables of clients handled by the licensee shall be free from any liability the licensee incurs.
- (e) Cash resources, personal property, and valuables of clients shall be separate and intact, and shall not be commingled with facility funds or petty cash.
 - (1) The above requirement shall not prohibit the licensee from providing advances or loans to clients from facility funds.
 - (A) Documentation of such transactions shall be maintained in the facility.

- (f) The licensee or employee of a licensee shall not make expenditures from clients' cash resources for any basic services specified in these regulations, or for any basic services identified in a contract/admission agreement between the client and the licensee.
 - (1) This requirement does not apply to a licensee who is appointed by the Social Security Administration as representative payee for the clients.
- (g) The licensee shall not commingle cash resources and valuables of clients with those of another community care facility of a different license number regardless of joint ownership.
- (h) Each licensee shall maintain accurate records of accounts of cash resources, personal property, and valuables entrusted to his/her care, including, but not limited to the following:
 - (1) Records of clients' cash resources maintained as a drawing account, which shall include a current ledger accounting, with columns for income, disbursements and balance, for each client. Supporting receipts for purchases shall be filed in chronological order.
 - (A) Receipts for cash provided to any client from his/her account(s) shall include the client's full signature or mark, or authorized representative's full signature or mark, and a statement acknowledging receipt of the amount and date received, as follows:

"(full signature of client) accepts (dollar amount) (amount written cursive), this date (date), from (payor)."
 - (B) The store receipt shall constitute the receipt for purchases made for the client from his/her account.
 - (C) The original receipt for cash resources, personal property or valuables entrusted to the licensee shall be provided to the client's authorized representative, if any, otherwise to the client.
 - (2) Bank records for transactions of cash resources deposited in and drawn from the account specified in (i) below.
- (i) Immediately upon admission of a client, all of his/her cash resources entrusted to the licensee and not kept in the licensed facility shall be deposited in any type of bank, savings and loan, or credit union account meeting the following requirements:
 - (1) The account shall be maintained as a trust account separate from the personal or business accounts of the licensee.
 - (2) The account title shall clearly note that the account contains client cash resources.

- (3) The licensee shall provide access to the cash resources upon demand by the client or his/her authorized representative.
- (4) The account shall be maintained in a local bank, savings and loan or credit union authorized to do business in California, the deposits of which are insured by a branch of the Federal Government.
 - (A) A local public agency shall have the authority to deposit such cash resources with the public treasurer.
- (j) Cash resources entrusted to the licensee and kept on the facility premises, shall be kept in a locked and secure location.
- (k) Upon discharge of a client, all cash resources, personal property, and valuables of that client which have been entrusted to the licensee shall be surrendered to the client, or his/her authorized representative, if any.
 - (1) The licensee shall obtain and retain a receipt signed by the client or his/her authorized representative.
- (l) Upon the death of a client, all cash resources, personal property and valuables of that client shall immediately be safeguarded in accordance with the following requirements:
 - (1) All cash resources shall be placed in an account as specified in Section 81026(i) above.
 - (2) The executor or the administrator of the estate shall be notified by the licensee of the client's death, and the cash resources, personal property, and valuables shall be surrendered to said party in exchange for a signed, itemized receipt.
 - (3) If no executor or administrator has been appointed, the authorized representative, if any, shall be notified by the licensee of the client's death, and the cash resources, personal property, and valuables shall be surrendered to said person in exchange for a signed, itemized receipt.
 - (4) If the licensee is unable to notify a responsible party as specified in Section 81026(l)(2) or (l)(3) above, the licensee shall give immediate written notice of the client's death to the public administrator of the county as provided in Section 7600.5 of the California Probate Code.
- (m) The following requirements shall be met whenever there is a proposed change of licensee:

- (1) The licensee shall notify the licensing agency of any pending change of licensee, and shall provide the licensing agency an accounting of each client's cash resources, personal property and valuables entrusted to his/her care.
 - (A) Such accounting shall be made on a form provided or approved by the licensing agency.
- (2) Provided the licensing agency approves the application for the new licensee, the form specified in Section 81026(m)(1)(A) above shall be updated, signed by both the former and new licensee, and forwarded to the licensing agency.
- (n) The licensee shall maintain a record of all monetary gifts, and of any other gift exceeding an estimated value of \$100, provided by or on behalf of a client to the licensee, administrator or staff.
 - (1) The record shall be attached to the account(s) specified in Section 81026(h) above if the client's cash resources, personal property or valuables have been entrusted to the licensee.
 - (2) Monetary gifts or valuables given by friends or relatives of a deceased client shall not be subject to the requirements specified in Section 81026(n) and (n)(1) above.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; 1501, 1531 and 1560, Health and Safety Code; and 20 CFR 416.601.

Amend Section 81027 to read:

81027 INITIAL APPLICATION REVIEW

81027

- (a) Within 90 days of receipt of the application by the licensing agency, the licensing agency shall give written notice to the applicant of one of the following:
 - (1) The application is complete.
 - (2) The application is deficient, describing what documents are outstanding and/or inadequate, and informing the applicant that the information must be submitted within 30 days of the date of the notice.
 - (A) If the applicant does not submit the required information within the 30 days, the application shall be deemed withdrawn unless either the licensing agency has denied the application or the facility is under construction.
- (b) The licensing agency shall cease review of any application under the conditions specified in Section 1520.3 of the Health and Safety Code.
 - (1) If cessation of review occurs, the application shall be returned to the applicant. It shall be the responsibility of the applicant to request resumption of review as specified in Health and Safety Code section 1520.3.

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Health and Safety Code section 1520.3 provides in pertinent part:

(a)(1) If an application for a license or special permit indicates, or the department determines during the application review process, that the applicant previously was issued a license under this chapter or under Chapter 1 (commencing with Section 1200), Chapter 2 (commencing with Section 1250), Chapter 3.01 (commencing with Section 1568.01), Chapter 3.3 (commencing with Section 1569), Chapter 3.4 (commencing with Section 1596.70), Chapter 3.5 (commencing with Section 1596.90), or Chapter 3.6 (commencing with Section 1597.30) and the prior license was revoked within the preceding two years, the department shall cease any further review of the application until two years shall have elapsed from the date of the revocation. The cessation of review shall not constitute a denial of the application for purposes of Section 1526 or any other provision of law. . . .

(b) If an application for a license or special permit indicates, or the department determines during the application review process, that the applicant had previously applied for a license under any of the chapters listed in paragraph

(1) of subdivision (a) and the application was denied within the last year, the department shall cease further review of the application as follows:

(1) In cases where the applicant petitioned for a hearing, the department shall cease further review of the application until one year has elapsed from the effective date of the decision and order of the department upholding a denial.

(2) In cases where the department informed the applicant of his or her right to petition for a hearing and the applicant did not petition for a hearing, the department shall cease further review of the application until one year has elapsed from the date of the notification of the denial and the right to petition for a hearing.

(3) The department may continue to review the application if it has determined that the reasons for the denial of the application were due to circumstances and conditions which either have been corrected or are no longer in existence.

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(c) The circumstances and the conditions in which the licensing agency may continue to review a previously denied application shall include, but not limited to, the following:

(1) A fire clearance previously denied, but now approved;

(2) An administrator who did not meet the minimum qualifications, but now fulfills the qualifications; or

(3) A person with a criminal record, which was the basis for license denial, is no longer associated with the facility.

(d) The application review shall not constitute approval of the application.

(e) The application fees shall be nonrefundable as specified in Section 81036(d).

Authority Cited: Sections 1524 and 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; 1520, 1520.3, 1523.1, and 1524, Health and Safety Code and ~~Section 15376~~, Government Code.

Adopt Section 81028 to read:

81028 CAPACITY DETERMINATION

81028

- (a) A license shall be issued for a specific capacity.
- (b) The number of persons for whom the facility is licensed to provide care and supervision shall be determined on the basis of the application review by the licensing agency, which shall take into consideration the following:
 - (1) The fire clearance specified in Section 81020.
 - (2) The licensee's/administrator's ability to comply with applicable law and regulation.
 - (3) Any other household members, including but not limited to persons under guardianship or conservatorship, who reside at the facility and their individual needs.
 - (4) Physical features of the facility, including available living space, which are necessary in order to comply with regulations.
 - (5) Number of available staff to meet the care and supervision needs of the clients.
 - (6) Any restrictions pertaining to a social rehabilitation facility.
- (c) The licensing agency shall be authorized to issue a license for fewer clients than is requested when the licensing agency determines that:
 - (1) The licensee's responsibilities to other persons in the home, including persons under guardianship and conservatorship, would preclude provision of the care required by these regulations.
- (d) When the license is issued for fewer clients than requested, the licensee shall be notified in writing of the reasons for the limitation and of the licensee's rights to appeal the decision as specified in Section 81040.
- (e) The licensing agency shall have the authority to decrease existing licensed capacity with the licensee's agreement, when there is a change in any of the factors specified in Section 81028(b) above.
 - (1) If the licensee does not agree to the decrease in capacity, the licensing agency shall have the authority to initiate revocation action as specified in Section 81042.
- (f) The licensing agency shall be authorized to restrict care to specific individuals.

- (1) If care and supervision is limited to specific individuals, the licensing agency shall specify the names of the individuals in a letter to the licensee.
- (2) Except where the limitation is requested by the licensee, the licensee shall be notified in writing of the reasons for such limitation and of the licensee's right to appeal the decision as specified in Section 81040.

Authority Cited: Section 1530, Health and Safety Code and Section 10554, Welfare and Institutions Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1524, and 1531, Health and Safety Code.

Adopt Section 81029 to read:

81029 WITHDRAWAL OF APPLICATION

81029

(a) An applicant shall have the right to withdraw an application.

(1) Such withdrawal shall be in writing.

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Health and Safety Code section 1553 provides in pertinent part:

The withdrawal of an application for a license or special permit after it has been filed with the state department shall not, unless the state department consents in writing to such withdrawal, deprive the state department of its authority to institute or continue a proceeding against the applicant for the denial of the license or a special permit upon any ground provided by law or to enter an order denying the license or special permit upon any such ground. . . .

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(2) The fee for processing the application shall be forfeited.

Authority Cited: Sections 1530 and 1553, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1520, 1523.1, 1524 and 1553, Health and Safety Code.

Adopt Section 81030 to read:

81030 . PROVISIONAL LICENSE

81030

- (a) The licensing agency shall have the authority to issue a provisional license to an applicant, pending action under Sections 81031 or 81040 on a completed application for an initial license, if it determines that all of the following circumstances exist:
- (1) The facility is in substantial compliance with applicable law and regulation.
 - (2) An urgent need for licensure exists.
 - (3) A corporate applicant's board of directors, executive director and officer are eligible for licensure as specified in Health and Safety Code section 1520.11(b).

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Health and Safety Code section 1520.11(b) provides:

- (b) The department shall not issue a provisional license or license to any corporate applicant that has a member of the board of directors, an executive director, or an officer, who is not eligible for licensure pursuant to Section 1520.3 or Section 1558.1.

HANDBOOK ENDS HERE

- (b) The capacity of a provisional license shall be limited to the number of clients for whom urgent need has been established, or the capacity established for the specific facility, whichever is less.
- (c) The licensing agency shall have the authority to issue a provisional license for a maximum of six months when it determines that full compliance with licensing regulations will be achieved within that time period.
- (d) The licensing agency shall have the authority to issue a provisional license for a maximum of 12 months when it determines, at the time of application, that more than six months is required to achieve full compliance with licensing regulations due to circumstances beyond the control of the applicant.
- (e) If, during the provisional license period, the licensing agency discovers any serious deficiencies, the Department shall have the authority to institute administrative action or civil proceedings, or to refer the case for criminal prosecution.

- (f) A provisional license shall not be renewable and shall terminate on the date specified on the license, or upon denial of the application, whichever is earlier.

Authority Cited: Sections 1530 and 1553, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1520, 1520.11, 1524, 1525.5, 1550, and 1553, Health and Safety Code.

Amend Section 81031 to read:

81031 ISSUANCE OF LICENSE

81031

- (a) Within 90 days of the date that a completed application, as defined in Section 81001(c)(10), has been received, the licensing agency shall give written notice to the applicant of one of the following:
- (1) The application has been approved.
 - (2) The application has been denied.
 - (A) The notice of denial shall include the information specified in Section 81040.
- (b) The licensing agency shall notify the applicant in writing, of the issuance of the license.
- (1) Issuance of the license itself shall constitute written notification of license approval.
- (c) No limitation shall be imposed on the licensee or printed on the license solely on the basis that a licensee is a parent who has administered or will continue to administer corporal punishment, not constituting child abuse as defined in Section 11165, subdivision (g) of the Penal Code, or Section 1531.5(c) of the Health and Safety Code, on his/her own child(ren).
- (d) The licensing agency's completed review of an application for the two years immediately preceding this regulation has been approximately:
- (1) A minimum of 30 days.
 - (2) A median of 90 days.
 - (3) A maximum of 180 days.

Authority Cited: Sections 1530 and 1553, Health and Safety Code.

Reference: Section 15376, Government Code; Sections 5670 and 5671, Welfare and Institutions Code; Sections 1509, 1520, 1520.5, 1525, 1526, and 1553, Health and Safety Code.

Adopt Section 81034 to read:

81034 SUBMISSION OF NEW APPLICATION

81034

- (a) A licensee shall file a new application as required by Section 81018 whenever there is a change in the conditions or the limitations described on the current license, or other changes, including, but not limited to, the following:
- (1) Any change in the location of the facility.
 - (2) Any change of licensee, including, but not limited to, the following, when the licensee is a corporation.
 - (A) Sale or transfer of the majority of stock.
 - (B) Separating from a parent company.
 - (C) Merger with another company.
 - (3) Any change in facility category.
 - (4) Any increase in capacity.
 - (A) The licensing agency shall have the authority to grant capacity increases without resubmission of an application following a licensing agency review and the securing of an appropriate fire clearance.
 - (5) A permanent change in any client from ambulatory to nonambulatory status.
- (b) A new application as required by Section 81018 shall be filed whenever an applicant fails to complete a new application within the time limit required by Section 81027(a) if the applicant chooses to continue the application process.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1520, 1523.1, and 1531, Health and Safety Code.

Adopt Section 81035 to read:

81035 CONDITIONS FOR FORFEITURE OF A LICENSE

81035

- (a) Conditions for forfeiture of a social rehabilitation facility license may be found in Section 1524 of the Health and Safety Code.

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Health and Safety Code section 1524 provides in pertinent part:

A license shall be forfeited by operation of law prior to its expiration date when one of the following occurs:

(a) The licensee sells or otherwise transfers the facility or facility property, except when change of ownership applies to transferring of stock when the facility is owned by a corporation, and when the transfer of stock does not constitute a majority change of ownership.

(b) The licensee surrenders the license to the department.

(c)(1) The licensee moves a facility from one location to another. The department shall develop regulations to ensure that the facilities are not charged a full licensing fee and do not have to complete the entire application process when applying for a license for the new location.

(d) The licensee is convicted of an offense specified in Section 220, 243.4, or 264.1, or paragraph (1) of Section 273a, Section 273d, 288, or 289 of the Penal Code, or is convicted of another crime specified in subdivision (c) of Section 667.5 of the Penal Code.

(e) The licensee dies. If an adult relative notifies the department of his or her desire to continue operation of the facility and submits an application, the department shall expedite the application. The department shall promulgate regulations for expediting applications submitted pursuant to this subdivision.

(f) The licensee abandons the facility.

(g) When the certification issued by the State Department of Developmental Services to a licensee of an Adult Residential Facility for Persons with Special Health Care Needs, licensed pursuant to Article 9 (commencing with Section 1567.50), is rescinded.

(h) When the certification issued by the State Department of Developmental Services to a licensee of an enhanced behavioral supports home, licensed pursuant to Article 9.5 (commencing with Section 1567.61), is rescinded.

(i) When the certificate of program approval issued by the State Department of Developmental Services, pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5 of the Welfare and Institutions Code, to a licensee of a community crisis home, licensed pursuant to Article 9.7 (commencing with Section 1567.80), is rescinded.

Health and Safety Code section 1523.1(e) provides:

The failure of an applicant or licensee to pay all applicable and accrued fees and civil penalties shall constitute grounds for denial or forfeiture of a license.

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(b) "Licensee abandons the facility" shall mean either of the following:

(1) The licensee informs the licensing agency that the licensee no longer accepts responsibility for the facility; or

(2) The licensing agency is unable to determine the licensee's whereabouts after the following:

(A) The licensing agency requests information about the licensee's whereabouts from the facility's staff, if any staff can be contacted; and

(B) The licensing agency has made at least one (1) phone call per day, to the licensee's last telephone number of record, for five (5) consecutive workdays with no response; and

(C) The licensing agency has sent a certified letter, requesting the licensee to contact the licensing agency, to the licensee's last mailing address of record with no response within seven (7) calendar days.

(c) If the facility licensee dies, an adult relative who has control of the property shall be permitted to operate a previously licensed facility under an Emergency Approval to Operate - LIC 9117 (8/14) (EAO) providing the following conditions are met:

(1) The relative, or an adult acting on the relative's behalf, notifies the Department by telephone during the first working day after the licensee's death that the relative intends to operate the social rehabilitation facility.

- (2) The relative files with the Department within five days of the licensee's death an Application for a Community Care Facility or Residential Care Facility for the Elderly License - LIC 200 (7/91), and evidence of the licensee's death as defined in Section 81001(e)(6).
- (A) Notwithstanding the instructions on the Application for a Community Care Facility or Residential Care Facility for the Elderly License - LIC 200 (7/91), the Department shall permit the relative to submit only the information on the front side of that form.
- (3) The relative files with the California Department of Justice within five calendar days of the licensee's death his/her fingerprint cards.
- (d) If the adult relative complies with Section 81035(c)(1) and (2) above, he/she shall not be considered to be operating an unlicensed facility pending the Department's decision on whether to approve a provisional license.
- (e) The Department shall make a decision within 60 days after the application is submitted on whether to issue a provisional license pursuant to Section 81030.
- (1) A provisional license shall be granted only if the Department is satisfied that the conditions specified in Sections 81035(c) and 81030 have been met and that the health and safety of the residents of the facility will not be jeopardized.

Authority Cited: Section 1524 and 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Section 1520, 1522, 1523.1, 1524 and 1525.5, Health and Safety Code.

Adopt Section 81036 to read:

81036 LICENSING FEES

81036

- (a) An applicant or a licensee shall be charged fees as specified in Health and Safety Code section 1523.1.

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Health and Safety Code section 1523.1 provides in pertinent part:

- (a) An application fee adjusted by facility and capacity shall be charged by the department for the issuance of a license. After initial licensure, a fee shall be charged by the department annually on each anniversary of the effective date of the license. The fees are for the purpose of financing the activities specified in this chapter. Fees shall be assessed as follows:

Fee Schedule

<u>Facility Type</u>	<u>Capacity</u>	<u>Initial Application</u>	<u>Annual</u>
<u>Other Community</u>	<u>1-3</u>	<u>\$454</u>	<u>\$454</u>
<u>Care Facilities</u>	<u>4-6</u>	<u>\$908</u>	<u>\$454</u>
	<u>7-15</u>	<u>\$1,363</u>	<u>\$681</u>
	<u>16-30</u>	<u>\$1,815</u>	<u>\$908</u>
	<u>31-49</u>	<u>\$2,270</u>	<u>\$1,135</u>
	<u>50-74</u>	<u>\$2,725</u>	<u>\$1,363...</u>

- (b)(1) In addition to fees set forth in subdivision (a), the department shall charge the following fees:

(A) A fee that represents 50 percent of an established application fee when an existing licensee moves the facility to a new physical address.

(B) A fee that represents 50 percent of the established application fee when a corporate licensee changes who has the authority to select a majority of the board of directors.

(C) A fee of twenty-five dollars (\$25) when an existing licensee seeks to either increase or decrease the licensed capacity of the facility.

(D) An orientation fee of fifty dollars (\$50) for attendance by any individual at a department-sponsored orientation session.

(E) A probation monitoring fee equal to the annual fee, in addition to the annual fee for that category and capacity for each year a license has been placed on probation as

a result of a stipulation or decision and order pursuant to the administrative adjudication procedures of the Administrative Procedure Act (Chapter 4.5 (commencing with Section 11400) and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

(F) A late fee that represents an additional 50 percent of the established annual fee when any licensee fails to pay the annual licensing fee on or before the due date as indicated by postmark on the payment.

(G) A fee to cover any costs incurred by the department for processing payments including, but not limited to, bounced check charges, charges for credit and debit transactions, and postage due charges.

(H) A plan of correction fee of two hundred dollars (\$200) when any licensee does not implement a plan of correction on or prior to the date specified in the plan. . . .

(4) No local jurisdiction shall impose any business license, fee, or tax for the privilege of operating a facility licensed under this chapter which serves six or fewer persons.

(c)(1) The revenues collected from licensing fees pursuant to this Section shall be utilized by the department for the purpose of ensuring the health and safety of all individuals provided care and supervision by licensees and to support activities of the licensing program, including, but not limited to, monitoring facilities for compliance with licensing laws and regulations pursuant to this chapter, and other administrative activities in support of the licensing program, when appropriated for these purposes. The revenues collected shall be used in addition to any other funds appropriated in the Budget Act in support of the licensing program. The department shall adjust the fees collected pursuant to this section as necessary to ensure that they do not exceed the costs described in this paragraph.

(2) The department shall not utilize any portion of these revenues sooner than 30 days after notification in writing of the purpose and use of this revenue, as approved by the Director of Finance, to the Chairperson of the Joint Legislative Budget Committee, and the chairpersons of the committee in each house that considers appropriations for each fiscal year. The department shall submit a budget change proposal to justify any positions or any other related support costs on an ongoing basis.

(d) A facility may use a bona fide business check to pay the license fee required under this Section.

(e) The failure of an applicant or licensee to pay all applicable and accrued fees and civil penalties shall constitute grounds for denial or forfeiture of a license.

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- (b) An additional fee shall be charged when a licensee requests an increase or decrease in capacity as specified in Health and Safety Code section 1523.1(b)(1)(C).

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Health and Safety Code section 1523.1(b)(1) provides in pertinent part:

(b)(1) In addition to the fees set forth in subdivision (a), the department shall charge the following fees...

(C) A fee of twenty-five dollars (\$25) when an existing licensee seeks to either increase or decrease the licensed capacity of the facility.

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- (c) When a licensee moves a facility from one location to another, the relocation fee shall be as specified in Health and Safety Code section 1523.1(b)(1)(A).

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Health and Safety Code section 1523.1(b)(1) provides in pertinent part:

(b)(1) In addition to the fees set forth in subdivision (a), the department shall charge the following fees...

(A) A fee that represents 50 percent of an established application fee when an existing licensee moves the facility to a new physical address.

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- (1) To qualify for the relocation fee, the following shall apply:

(A) The licensee shall notify the licensing agency before actually relocating the facility.

(B) The facility category shall remain the same when relocating the facility.

(C) The fee shall be based on the requested capacity at the new location.

- (d) The fees shall be nonrefundable.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1523.1 and 1524, Health and Safety Code.

Adopt Section 81040 to read:

81040 DENIAL OF INITIAL LICENSE

81040

- (a) Except as specified in Section 81030, which provides for issuance of a provisional license based upon substantial compliance and urgent need, the licensing agency shall deny an application for an initial license if it is determined that the applicant is not in compliance with applicable law and regulation.
- (1) The licensing agency shall have the authority to deny an application for an initial license if the applicant has failed to pay any civil penalty assessments pursuant to Section 81058 and in accordance with a final judgment issued by a court of competent jurisdiction, unless payment arrangements acceptable to the licensing agency have been made.
- (2) An application for initial licensure shall not be denied solely on the basis that the applicant is a parent who has administered or will continue to administer corporal punishment, not constituting child abuse as defined in Section 11165, subdivision (g) of the Penal Code, or Section 1531.5(c) of the Health and Safety Code, on his/her own child(ren).
- (3) An application for licensure shall be denied as specified in Health and Safety Code sections 1520.11(b), (d) and 1550.

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Health and Safety Code section 1520.11(b) provides:

The department shall not issue a provisional license or license to any corporate applicant that has a member of the board of directors, an executive director, or an officer, who is not eligible for licensure pursuant to Section 1520.3 or Section 1558.1.

Health and Safety Code section 1520.11(d) provides:

Prior to instituting an administrative action pursuant to either subdivision (b) or (c), the department shall notify the applicant or licensee of the person's ineligibility to be a member of the board of directors, an executive director, or an officer of the applicant or licensee. The licensee shall remove the person from that position within 15 days or, if the person has client contact, he or she shall be removed immediately upon notification.

Health and Safety Code section 1550 provides:

The department may deny an application for, or suspend or revoke, any license, or any special permit, certificate of approval, or any administrator certificate, issued under this chapter upon any of the following grounds and in the manner provided in this chapter, or may deny a transfer of a license pursuant to paragraph (2) of subdivision (b) of Section 1524 for any of the following grounds:

(a) Violation of this chapter or of the rules and regulations promulgated under this chapter by the licensee or holder of a special permit or certificate.

(b) Aiding, abetting, or permitting the violation of this chapter or of the rules and regulations promulgated under this chapter.

(c) Conduct which is inimical to the health, morals, welfare, or safety of either the people of this state or an individual in, or receiving services from, the facility or certified family home.

(d) The conviction of a licensee, holder of a special permit or certificate, or other person mentioned in Section 1522, at any time before or during licensure, of a crime as defined in Section 1522.

(e) The licensee of any facility, the holder of a special permit or certificate, or the person providing direct care or supervision knowingly allows any child to have illegal drugs or alcohol.

(f) Engaging in acts of financial malfeasance concerning the operation of a facility or certified family home, including, but not limited to, improper use or embezzlement of client moneys and property or fraudulent appropriation for personal gain of facility moneys and property, or willful or negligent failure to provide services.

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(b) If the application for an initial license is denied, the licensing agency shall mail the applicant a written notice of denial.

(1) The notification shall inform the applicant of and set forth the reasons for the denial, and shall advise the applicant of the right to appeal.

(c) If the application for an initial license is denied, the application processing fee shall be forfeited.

- (d) An applicant shall have the right to appeal the denial of the application pursuant to Health and Safety Code section 1526.

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Health and Safety Code section 1526 provides in pertinent part:

Immediately upon the denial of any application for a license or for a special permit, the state department [licensing agency] shall notify the applicant in writing. Within 15 days after the state department [licensing agency] mails the notice, the applicant may present his written petition for a hearing to the state department [licensing agency]. Upon receipt by the state department [licensing agency] of the petition in proper form, such petition shall be set for hearing. The proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the state department [licensing agency] has all the powers granted therein.

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- (e) Notwithstanding any appeal action, the facility is unlicensed and shall not operate pending adoption by the director of a decision on the denial action.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1520, 1520.11, 1523.1, 1525, 1526, 1547, 1548 and 1551, Health and Safety Code; and Section 11500 et seq., Government Code.

Amend Section 81042 to read:

81042 REVOCATION OR SUSPENSION OF LICENSE

81042

- (a) ~~In addition to section 80042, the following shall apply:~~ The Department shall have the authority to suspend or revoke any license on any of the grounds specified in Health and Safety Code sections 1550 and 1550.5.

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Health and Safety Code section 1550 provides:

The department may deny an application for, or suspend or revoke, any license , or any special permit, certificate of approval, or any administrator certificate, issued under this chapter upon any of the following grounds and in the manner provided in this chapter , or may deny a transfer of a license pursuant to paragraph (2) of subdivision (b) of Section 1524 for any of the following grounds:

(a) Violation of this chapter or of the rules and regulations promulgated under this chapter by the licensee or holder of a special permit or certificate.

(b) Aiding, abetting, or permitting the violation of this chapter or of the rules and regulations promulgated under this chapter.

(c) Conduct which is inimical to the health, morals, welfare, or safety of either the people of this state or an individual in, or receiving services from, the facility or certified family home.

(d) The conviction of a licensee, holder of a special permit or certificate, or other person mentioned in Section 1522, at any time before or during licensure, of a crime as defined in Section 1522.

(e) The licensee of any facility, the holder of a special permit or certificate, or the person providing direct care or supervision knowingly allows any child to have illegal drugs or alcohol.

(f) Engaging in acts of financial malfeasance concerning the operation of a facility or certified family home, including, but not limited to, improper use or embezzlement of client moneys and property or fraudulent appropriation for personal gain of facility moneys and property, or willful or negligent failure to provide services.

Health and Safety Code section 1550.5 provides in pertinent part:

The director may temporarily suspend any license prior to any hearing when, in the opinion of the director, the action is urgent to protect residents or clients of the facility from physical or mental abuse, abandonment, or any other substantial threat to health or safety. The director shall serve the licensee with the temporary suspension order, a copy of available discovery and other relevant evidence in the possession of the department, including, but not limited to, affidavits, declarations, and any other evidence upon which the director relied in issuing the temporary suspension order, the names of the department's witnesses, and the effective date of the temporary suspension and at the same time shall serve the licensee with an accusation. . . .

(b) Upon receipt of a notice of defense to the accusation by the licensee, the director shall, within 15 days, set the matter for a full evidentiary hearing, and the hearing shall be held as soon as possible but not later than 30 days after receipt of the notice. The temporary suspension shall remain in effect until the time the hearing is completed and the director has made a final determination on the merits, unless it is earlier vacated by interim decision of the administrative law judge or a superior court judge. However, the temporary suspension shall be deemed vacated if the director fails to make a final determination on the merits within 30 days after the original hearing has been completed.

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- (b) Proceedings to hear a revocation action or a revocation and temporary suspension action shall be conducted pursuant to the provisions of Health and Safety Code section 1551.

HANDBOOK BEGINS HERE

Health and Safety Code section 1551 provides:

(a) Proceedings for the suspension, revocation, or denial of a license, registration, special permit, or any administrator certificate under this chapter, or denial of transfer of a license pursuant to paragraph (2) of subdivision (c) of Section 1524, shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the department shall have all the powers granted by those provisions. In the event of conflict between this chapter and the Government Code, the Government Code shall prevail.

(b) In all proceedings conducted in accordance with this Section, the standard of proof to be applied shall be by the preponderance of the evidence.

(c) If the license, special permit, certificate of approval, or administrator certificate is not temporarily suspended pursuant to Section 1550, the hearing shall be held

within 90 calendar days after receipt of the notice of defense, unless a continuance of the hearing is granted by the department or the administrative law judge. When the matter has been set for hearing only the administrative law judge may grant a continuance of the hearing. The administrative law judge may, but need not, grant a continuance of the hearing only upon finding the existence of one or more of the following:

(1) The death or incapacitating illness of a party, a representative or attorney of a party, a witness to an essential fact, or of the parent, child, or member of the household of such person, when it is not feasible to substitute another representative, attorney, or witness because of the proximity of the hearing date.

(2) Lack of notice of hearing as provided in Section 11509 of the Government Code.

(3) A material change in the status of the case where a change in the parties or pleadings requires postponement, or an executed settlement or stipulated findings of fact obviate the need for hearing. A partial amendment of the pleadings shall not be good cause for continuance to the extent that the unamended portion of the pleadings is ready to be heard.

(4) A stipulation for continuance signed by all parties or their authorized representatives, including, but not limited to, a representative, which is communicated with the request for continuance to the administrative law judge no later than 25 business days before the hearing.

(5) The substitution of the representative or attorney of a party upon showing that the substitution is required.

(6) The unavailability of a party, representative, or attorney of a party, or witness to an essential fact due to a conflicting and required appearance in a judicial matter if when the hearing date was set, the person did not know and could neither anticipate nor at any time avoid the conflict, and the conflict with request for continuance is immediately communicated to the administrative law judge.

(7) The unavailability of a party, a representative or attorney of a party, or a material witness due to an unavoidable emergency.

(8) Failure by a party to comply with a timely discovery request if the continuance request is made by the party who requested the discovery.

Chapter 5 commencing with Section 11500 of Part 1, Division 3, Title 2 of the Government Code provides in pertinent part:

11505(a) Upon filing of the accusation the agency shall serve a copy thereof on the respondent...

11506(a) Within 15 days after service of the accusation the respondent may file with the agency a notice of defense....

11509 The agency shall deliver or mail a notice of hearing to all parties at least 10 days prior to the hearing...

Health and Safety Code section 1550.5 provides in pertinent part:

(a)(1) The department shall notify the licensee, upon service of an order of temporary license suspension, of the licensee's right to an interim hearing on the order. The department shall also provide the licensee with a form and appropriate information for the licensee's use in requesting an interim hearing. The department shall also notify the licensee, upon service, of the licensee's independent right to seek review of the order by the superior court pursuant to Section 1085 of the Code of Civil Procedure.

(2)(A) ...The licensee shall mail or deliver the request within five days after service of the order. Upon receipt of a timely request for an interim hearing, the Office of Administrative Hearings shall set a hearing date and time which shall be within 10 working days of the office's receipt of the request...

(6) The department may proceed with the accusation as otherwise provided by this Section and Section 1551 notwithstanding an interim decision by the administrative law judge that vacates the order of temporary license suspension.

(b) Upon receipt of a notice of defense to the accusation by the licensee, the director shall, within 15 days, set the matter for a full evidentiary hearing, and the hearing shall be held as soon as possible but not later than 30 days after the receipt of the notice.

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~~(b)~~ (c) The Department shall initiate revocation action against the license of a Social Rehabilitation Facility when it is found that the program certification has been withdrawn by the California Department of Mental Health Care Services.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and 5671 ~~5458~~, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7), 1550, 1550.5 and 1551, Health and Safety Code; and Sections 11500 et seq., Government Code.

Adopt Section 81043 to read:

81043 LICENSEE/APPLICANT COMPLAINTS

81043

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- (a) Each licensee/applicant shall have the right, without prejudice, to notify the Department of any alleged misapplication or capricious enforcement of regulations by any licensing representative, or any differences in opinion between the licensee and any licensing representative concerning the proper application of these regulations.

HANDBOOK ENDS HERE

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501 and 1531, Health and Safety Code.

Adopt Section 81044 to read:

81044 INSPECTION AUTHORITY OF THE LICENSING AGENCY

81044

- (a) The licensing agency shall have the inspection authority specified in Health and Safety Code sections 1526.5, 1533(a), 1534 and 1538.

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Health and Safety Code section 1526.5(a) and (b) provides in pertinent part:

(a) Within 90 days after a facility accepts its first client for placement following the issuance of a license or special permit pursuant to Section 1525, the department shall inspect the facility. The licensee shall, within five business days after accepting its first client for placement, notify the department that the facility has commenced operating. . . .

(b) The inspection required by subdivision (a) shall be conducted to evaluate compliance with the rules and regulations and to assess the facility's continuing ability to meet regulatory requirements. The department may take appropriate remedial action as authorized by this chapter.

Health and Safety Code section 1533(a) provides in pertinent part:

. . . any duly authorized officer, employee, or agent of the State Department of Social Services may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision, and services at any time, with or without advance notice, to secure compliance with, or to prevent a violation of, any provision of this chapter.

Health and Safety Code section 1534 provides in pertinent part:

(a)(1)(A) Except for foster family homes, every licensed community care facility shall be subject to unannounced visits by the department.

(2)(A) The department may inspect these facilities as often as necessary to ensure the quality of care provided.

(B) The department shall conduct an annual unannounced inspection of a facility under any of the following circumstances:

(i) When a license is on probation.

(ii) When the terms of agreement in a facility compliance plan require an annual inspection.

(iii) When an accusation against a licensee is pending.

(iv) When a facility requires an annual inspection as a condition of receiving federal financial participation.

(v) In order to verify that a person who has been ordered out of a facility by the department is no longer at the facility.

(C)(i) The department shall conduct annual unannounced inspections of no less than 20 percent of facilities, except for foster family homes, not subject to an inspection under subparagraph (B)...

Health and Safety Code section 1538(c) provides:

Upon receipt of a complaint, other than a complaint alleging denial of a statutory right of access to a community care facility or certified family home, the state department shall make a preliminary review and, unless the state department determines that the complaint is willfully intended to harass a licensee or is without any reasonable basis, it shall make an onsite inspection of the community care facility or certified family home within 10 days after receiving the complaint, except where a visit would adversely affect the licensing investigation or the investigation of other agencies. In either event, the complainant shall be promptly informed of the state department's proposed course of action.

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(b) The licensing agency shall have the authority to interview clients, including children, or staff members without prior consent.

(1) The licensee shall ensure that provisions are made for private interviews with any clients, including children, or any staff members.

(c) The licensing agency shall have the authority to inspect, audit, and copy client or facility records upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the requirements specified in Sections 81066(e) and 81070(d).

(1) The licensee shall ensure that provisions are made for the examination of all records relating to the operation of the facility.

- (d) The licensing agency shall have the authority to observe the physical condition of the client, including conditions that could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the client.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1526.5, 1531, 1533, 1534 and 1538, Health and Safety Code.

Adopt Section 81045 to read:

81045 EVALUATION VISITS

81045

- (a) A social rehabilitation facility shall be evaluated as specified in Health and Safety Code sections 1534 and 1548.

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Health and Safety Code section 1534 provides in pertinent part:

(a)(1)(A) Except for foster family homes, every licensed community care facility shall be subject to unannounced inspections by the department.

(2)(A) The department may inspect these facilities as often as necessary to ensure the quality of care provided.

(B) The department shall conduct an annual unannounced inspection of a facility under any of the following circumstances:

(i) When a license is on probation...

(iii) When an accusation against a licensee is pending.

(iv) When a facility requires an annual inspection as a condition of receiving federal financial participation.

(v) In order to verify that a person who has been ordered out of a facility by the department is no longer at the facility.

(C)(i) The department shall conduct annual unannounced inspections of no less than 20 percent of facilities, except for foster family homes, not subject to an inspection under subparagraph (B)...

(iii) These inspections shall be conducted based on a random sampling methodology developed by the department.

(iv) If the total citations issued by the department to facilities exceed the previous year's total by 10 percent, the following year the department shall increase the random sample by an additional 10 percent of the facilities not subject to an inspection under subparagraph (B). The department may request additional resources to increase the random sample by 10 percent.

(v) The department shall not inspect a licensed community care facility less often than once every five years.

Health and Safety Code section 1548 provides in pertinent part:

(a) In addition to the suspension, temporary suspension, or revocation of a license issued under this chapter, the department may levy a civil penalty.

(b) The amount of the civil penalty shall not be less than twenty-five dollars (\$25) or more than fifty dollars (\$50) per day for each violation of this chapter except where the nature or seriousness of the violation or the frequency of the violation warrants a higher penalty or an immediate civil penalty assessment, or both, as determined by the department. In no event, shall a civil penalty assessment exceed one hundred fifty dollars (\$150) per day per violation.

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(b) The licensing agency shall have the authority to make any number of other visits to a facility in order to determine compliance with applicable law and regulation.

Authority Cited: Sections 1530 and 1548, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1533, 1534, 1538 and 1548, Health and Safety Code.

Adopt Section 81046 to read:

81046 EXCLUSIONS

81046

- (a) An individual can be prohibited from serving as a member of a board of directors, executive director, or officer; from being employed or being present in a licensed facility, as specified in Health and Safety Code sections 1558 and 1558.1.

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Health and Safety Code section 1558 provides:

(a) The department may prohibit any person from being a member of the board of directors, an executive director, or an officer of a licensee, or a licensee from employing, or continuing the employment of, or allowing in a licensed facility or certified family home, or allowing contact with clients of a licensed facility or certified family home by, any employee, prospective employee, or person who is not a client who has:

(1) Violated, or aided or permitted the violation by any other person of, any provisions of this chapter or of any rules or regulations promulgated under this chapter.

(2) Engaged in conduct which is inimical to the health, morals, welfare, or safety of either the people of this state or an individual in or receiving services from the facility or certified family home.

(3) Been denied an exemption to work or to be present in a facility or certified family home, when that person has been convicted of a crime as defined in Section 1522.

(4) Engaged in any other conduct that would constitute a basis for disciplining a licensee or certified family home.

(5) Engaged in acts of financial malfeasance concerning the operation of a facility or certified family home, including, but not limited to, improper use or embezzlement of client moneys and property or fraudulent appropriation for personal gain of facility moneys and property, or willful or negligent failure to provide services.

(b) The excluded person, the facility or certified family home, and the licensee shall be given written notice of the basis of the department's action and of the excluded person's right to an appeal. The notice shall be served either by personal service or by registered mail. Within 15 days after the department serves the notice, the excluded person may file with the department a written appeal of the exclusion order. If the

excluded person fails to file a written appeal within the prescribed time, the department's action shall be final.

(c)(1) The department may require the immediate removal of a member of the board of directors, an executive director, or an officer of a licensee or exclusion of an employee, prospective employee, or person who is not a client from a facility or certified family home pending a final decision of the matter, when, in the opinion of the director, the action is necessary to protect residents or clients from physical or mental abuse, abandonment, or any other substantial threat to their health or safety.

(2) If the department requires the immediate removal of a member of the board of directors, an executive director, or an officer of a licensee or exclusion of an employee, prospective employee, or person who is not a client from a facility or certified family home, the department shall serve an order of immediate exclusion upon the excluded person that shall notify the excluded person of the basis of the department's action and of the excluded person's right to a hearing.

(3) Within 15 days after the department serves an order of immediate exclusion, the excluded person may file a written appeal of the exclusion with the department. The department's action shall be final if the excluded person does not appeal the exclusion within the prescribed time. The department shall do the following upon receipt of a written appeal:

(A) Within 30 days of receipt of the appeal, serve an accusation upon the excluded person.

(B) Within 60 days of receipt of a notice of defense pursuant to Section 11506 of the Government Code by the excluded person to conduct a hearing on the accusation.

(4) An order of immediate exclusion of the excluded person from the facility shall remain in effect until the hearing is completed and the director has made a final determination on the merits. However, the order of immediate exclusion shall be deemed vacated if the director fails to make a final determination on the merits within 60 days after the original hearing has been completed.

(d) An excluded person who files a written appeal with the department pursuant to this Section shall, as part of the written request, provide his or her current mailing address. The excluded person shall subsequently notify the department in writing of any change in mailing address, until the hearing process has been completed or terminated.

(e) Hearings held pursuant to this Section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Division 3 of Title 2 of the Government Code. The standard of proof shall be the preponderance of the evidence and the burden of proof shall be on the department.

(f) The department may institute or continue a disciplinary proceeding against a member of the board of directors, an executive director, or an officer of a licensee or an employee, prospective employee, or person who is not a client upon any ground provided by this Section. The department may enter an order prohibiting any person from being a member of the board of directors, an executive director, or an officer of a licensee or prohibiting the excluded person's employment or presence in the facility or certified family home, or otherwise take disciplinary action against the excluded person, notwithstanding any resignation, withdrawal of employment application, or change of duties by the excluded person, or any discharge, failure to hire, or reassignment of the excluded person by the licensee or that the excluded person no longer has contact with clients at the facility.

(g) A licensee's or certified family home's failure to comply with the department's exclusion order after being notified of the order shall be grounds for disciplining the licensee pursuant to Section 1550.

(h)(1)(A) In cases where the excluded person appealed the exclusion order, the person shall be prohibited from working in any facility or being licensed to operate any facility licensed by the department or from being a certified foster parent for the remainder of the excluded person's life, unless otherwise ordered by the department.

(B) The excluded individual may petition for reinstatement one year after the effective date of the decision and order of the department upholding the exclusion order pursuant to Section 11522 of the Government Code. The department shall provide the excluded person with a copy of Section 11522 of the Government Code with the decision and order.

(2)(A) In cases where the department informed the excluded person of his or her right to appeal the exclusion order and the excluded person did not appeal the exclusion order, the person shall be prohibited from working in any facility or being licensed to operate any facility licensed by the department or a certified foster parent for the remainder of the excluded person's life, unless otherwise ordered by the department.

(B) The excluded individual may petition for reinstatement after one year has elapsed from the date of the notification of the exclusion order pursuant to Section 11522 of the Government Code. The department shall provide the excluded person with a copy of Section 11522 of the Government Code with the exclusion order.

Health and Safety Code section 1558.1 provides:

(a)(1) If the department determines that a person was issued a license under this chapter or under Chapter 1 (commencing with Section 1200), Chapter 2 (commencing with Section 1250), Chapter 3.01 (commencing with Section 1568.01),

Chapter 3.2 (commencing with Section 1569), Chapter 3.4 (commencing with Section 1596.70), Chapter 3.5 (commencing with Section 1596.90), or Chapter 3.6 (commencing with Section 1597.30) and the prior license was revoked within the preceding two years, the department shall exclude the person from, and remove the person from the position of a member of the board of directors, an executive director, or an officer of a licensee of, any facility licensed by the department pursuant to the chapter.

(2) If the department determines that a person previously was issued a certificate of approval by a foster family agency which was revoked by the department pursuant to subdivision (b) of Section 1534 within the preceding two years, the department shall exclude the person from, and remove the person from the position of a member of the board of directors, an executive director, or an officer of a licensee of, any facility licensed by the department pursuant to this chapter.

(b) If the department determines that the person had previously applied for a license under any of the chapters listed in paragraph (1) of subdivision (a) and the application was denied within the last year, the department shall exclude the person from, and remove the person from the position of a member of the board of directors, an executive director, or an officer of a licensee of, any facility licensed by the department pursuant to this chapter and as follows:

(1) In cases where the applicant petitioned for a hearing, the department shall exclude the person from, and remove the person from the position of a member of the board of directors, an executive director, or an officer of a licensee of, any facility licensed by the department pursuant to this chapter until one year has elapsed from the effective date of the decision and order of the department upholding a denial.

(2) In cases where the department informed the applicant of his or her right to petition for a hearing and the applicant did not petition for a hearing, the department shall exclude the person from, and remove the person from the position of a member of the board of directors, an executive director, or an officer of a licensee of, any facility licensed by the department pursuant to this chapter until one year has elapsed from the date of the notification of the denial and the right to petition for a hearing.

(c) If the department determines that the person had previously applied for a certificate of approval with a foster family agency and the department ordered the foster family agency to deny the application pursuant to subdivision (b) of Section 1534, the department shall exclude the person from, and remove the person from the position of a member of the board of directors, an executive director, or an officer of a licensee of, any facility licensed by the department pursuant to this chapter and as follows:

(1) In cases where the applicant petitioned for a hearing, the department shall exclude the person from, and remove the person from the position of a member of

the board of directors, an executive director, or an officer of a licensee of, any facility licensed by the department pursuant to this chapter until one year has elapsed from the effective date of the decision and order of the department upholding a denial.

(2) In cases where the department informed the applicant of his or her right to petition for a hearing and the applicant did not petition for a hearing, the department shall exclude the person from, and remove the person from the position of a member of the board of directors, an executive director, or an officer of a licensee of, any facility licensed by the department pursuant to this chapter until one year has elapsed from the date of the notification of the denial and the right to petition for a hearing.

(d) Exclusion or removal of an individual pursuant to this Section shall not be considered an order of exclusion for purposes of Section 1558 or any other law.

(e) The department may determine not to exclude the person from, or remove the person from the position of a member of the board of directors, an executive director, or an officer of a licensee of, any facility licensed by the department pursuant to this chapter if it has determined that the reasons for the denial of the application or revocation of the facility license or certificate of approval were due to circumstances and conditions that either have been corrected or are no longer in existence.

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Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1558 and 1558.1, Health and Safety Code.

Amend Section 81051 to read:

81051 SERIOUS DEFICIENCIES (~~Reserved~~)

81051

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(a) ~~In addition to Section 80051, t~~The following are examples of regulations ~~which~~ that, if not complied with, nearly always result in a serious deficiency.

- (1) Section 81010 relating to limitations on the capacity or ambulatory status of facility clients.
- (2) Section 81019 relating to criminal record clearance.
- (3) Section 81020 relating to fire clearance.
- (4) Section 81021 relating to water supply.
- (45) Sections 81068.4(a)(1) and (a)(2) and Section 81075(c) relating to persons with active communicable diseases tuberculosis and persons requiring inpatient health care.
- (6) Section 81072 relating to personal rights.
- (7) Section 81073 relating to telephone service.
- (8) Section 81075 relating to storing and dispensing medications.
- (9) Section 81076 relating to food storage, preparation and service.
- (10) Section 81087 relating to safety of client accommodations, buildings and grounds.
- (11) Section 81088(e)(1), (e)(2), and (e)(3) relating to hot water temperature and bathroom facilities.
- (12) Section 81088(f) relating to storage and disposal of solid wastes.
- (13) Section 81094.5 relating to a licensee forwarding to the Department a client's request for an interdisciplinary team (IDT) review of a health condition relocation order.
- (14) Any other regulation the violation of which is deemed by the licensing agency to constitute a serious deficiency as defined in Section 81001(s)(1).

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Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7), 1507, 1531 and 1534, Health and Safety Code.

Adopt Section 81052 to read:

81052 DEFICIENCIES IN COMPLIANCE

81052

- (a) When a licensing evaluation is conducted and the evaluator determines that a deficiency exists the evaluator shall issue a notice of deficiency, unless the deficiency is not serious and is corrected during the visit.
- (b) Prior to completion of an evaluation or other licensing visit, the licensee, administrator, operator, or other person in charge of the facility shall meet with the evaluator to discuss any deficiencies noted, to jointly develop a plan for correcting each deficiency, and to acknowledge receipt of the notice of deficiency.
- (c) The evaluator shall provide the notice of deficiency to the licensee by one of the following:
 - (1) Personal delivery to the licensee, at the completion of the visit.
 - (2) If the licensee is not at the facility site, leaving the notice with the person in charge of the facility at the completion of the visit.
 - (A) Under such circumstances, a copy of the notice shall also be mailed to the licensee.
 - (3) If the licensee or the person in charge of the facility refuses to accept the notice a notation of the refusal shall be written on the notice and a copy left at the facility.
 - (A) Under such circumstances, a copy of the notice shall also be mailed to the licensee.
- (d) The notice of deficiency shall be in writing and shall include the following:
 - (1) Citation of the statute or regulation that has been violated.
 - (2) A description of the nature of the deficiency stating the manner in which the licensee failed to comply with a specified statute or regulation, and the particular place or area of the facility in which it occurred.
 - (3) The plan developed, as specified in (b) above, for correcting each deficiency.

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Section 1522(c) of the Health and Safety Code provides in part:

(c)(1) Subsequent to initial licensure, a person . . . shall obtain either a criminal record clearance or an exemption from disqualification . . . prior to employment, residence, or initial presence in the facility. A person specified in subdivision (b) who is not exempt from fingerprinting shall be fingerprinted and shall sign a declaration under penalty of perjury regarding any prior criminal convictions. The licensee shall submit fingerprint images and related information to . . . the Department of Justice, for a state and federal level criminal offender record information search, or comply with paragraph (1) of subdivision (h). . . A licensee's failure to prohibit the employment, residence, or initial presence of a person... who is not exempt from fingerprinting and who has not received either a criminal record clearance or an exemption from disqualification . . . shall result in the citation of a deficiency and the immediate assessment of civil penalties . . . The department may assess civil penalties for continued violations as permitted by Section 1548. The fingerprint images and related information shall then be submitted to the Department of Justice for processing. . .

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- (4) A date by which each deficiency shall be corrected.
- (A) In determining the date for correcting a deficiency, the evaluator shall consider the following factors:
1. The potential hazard presented by the deficiency.
 2. The number of clients affected.
 3. The availability of equipment or personnel necessary to correct the deficiency.
 4. The estimated time necessary for delivery and any installation of necessary equipment.
- (B) The date for correcting a deficiency shall not be more than 30 calendar days following service of the notice of deficiency, unless the evaluator determines that the deficiency cannot be completely corrected in 30 calendar days.
- (C) If the date for correcting the deficiency is more than 30 calendar days following service of the notice of deficiency, the notice shall specify the corrective actions which must be taken within 30 calendar days to begin correction.

- (D) The evaluator shall require correction of the deficiency within 24 hours and shall specify on the notice the date by which the correction must be made whenever penalties are assessed pursuant to Sections 81054(c), (d) and (e).
- (5) The amount of penalty being assessed and the date the penalty begins.
- (6) The address and the telephone number of the licensing office responsible for reviewing notices of deficiencies for the area in which the facility is located.

Authority Cited: Sections 1530 and 1548, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1534 and 1548, Health and Safety Code.

Adopt Section 81053 to read:

81053 FOLLOW-UP VISITS TO DETERMINE COMPLIANCE

81053

- (a) A follow-up visit shall be conducted to determine compliance with the plan of correction specified in the notice of deficiency.

 - (1) At a minimum, a follow-up visit shall be conducted within ten working days following the dates of corrections specified in the notice of deficiency, unless the licensee has demonstrated that the deficiency was corrected as required.
 - (2) No penalty shall be assessed unless a follow-up visit is conducted as specified in (a) and (a)(1) above.
- (b) If a follow-up visit indicates that a deficiency was not corrected on or before the date specified in the notice of deficiency, the evaluator shall issue a notice of penalty.
- (c) A notice of penalty shall be in writing and shall include:

 - (1) The amount of the penalty assessed, and the date the payment is due.
 - (2) The name and address of the agency responsible for collection of the penalty.
- (d) When an immediate penalty has been assessed pursuant to Sections 81054(c), (d), (e) and (f), and correction is made when the evaluator is present, a follow-up visit is not required.

Authority Cited: Sections 1530 and 1548, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1533, 1534 and 1548, Health and Safety Code.

Adopt Section 81054 to read:

81054 PENALTIES

81054

- (a) A penalty of \$50 per day, per cited violation, shall be assessed for serious deficiencies that are not corrected by the date specified in the notice of deficiency, up to a maximum of \$150 per day.
- (b) Notwithstanding Section 81054(a) above, an immediate penalty of \$100 per cited violation per day for a maximum of five (5) days shall be assessed if any individual required to be fingerprinted under Health and Safety Code section 1522(b) has not obtained a California clearance or a criminal record exemption, requested a transfer of a criminal record clearance, or requested and be approved for a transfer of an exemption as specified in Section 81019(e) prior to working, residing or volunteering in the facility.
 - (1) Subsequent violations within a twelve (12) month period will result in a civil penalty of one hundred dollars (\$100) per violation per day for a maximum of thirty (30) days.
 - (2) The Department may assess civil penalties for continued violations as permitted by Health and Safety Code section 1548.
 - (3) Progressive civil penalties specified in Sections 81054(d) and (e) below shall not apply.
- (c) Notwithstanding Section 81054(a) above, an immediate penalty of \$150 per day shall be assessed for any of the following:
 - (1) Sickness, injury or death of a client that has occurred as a result of the deficiency.
- (d) When a facility is cited for a deficiency and violates the same regulation subsection within a 12-month period, the facility shall be cited and an immediate penalty assessment of \$150 per cited violation shall be assessed for one day only. Thereafter, a penalty of \$50 per day, per cited violation, shall be assessed until the deficiency is corrected.
- (e) When a facility that was cited for a deficiency subject to the immediate penalty assessment in Section 81054(d) above, violates the same regulation subsection within a 12-month period of the last violation, the facility shall be cited and an immediate penalty of \$150 per cited violation shall be assessed for one day only. Thereafter, a penalty of \$150 per day per cited violation shall be assessed until the deficiency is corrected.
 - (1) For purposes of Sections 81054(d) and (e) above, a regulation subsection is the regulation denoted by a lower-case letter after the main regulation number.

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An example of the same regulation subsections are Sections 87218(a)(2) and 87218(a)(5). Sections 87218(a) and 87218(b) are not the same regulation subsection.

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- (f) If any deficiency is not corrected by the date specified in the notice of deficiency, a penalty shall be assessed for each day following that date until compliance has been demonstrated.
 - (1) Immediate penalty assessment, as specified in (c), (d) and (e) above, shall begin on the day the deficiency is cited.
- (g) If a licensee or his/her representative reports to the licensing agency that a deficiency has been corrected, the penalty shall cease as of the day the licensing agency receives notification that the correction was made.
 - (1) If the deficiency has not been corrected, civil penalties shall continue to accrue from the date of the original citation.
 - (2) If it can be verified that the correction was made prior to the date of notification, the penalty shall cease as of that earlier date.
- (h) If necessary, a site visit shall be made immediately or within five working days to confirm that the deficiency has been corrected.
- (i) If an immediate civil penalty is assessed, and the deficiency is corrected on the same day, the penalty shall still be assessed for that day.
- (j) Unless otherwise ordered by the Department, all penalties are due and payable upon receipt of notice for payment, and shall be paid only by check or money order made payable to the agency indicated in the notice.
- (k) The licensing agency shall have the authority to file a claim in a court of competent jurisdiction or to take other appropriate action for failure to pay penalties as specified in Section 81054(j) above.

Authority Cited: Section 1530 and 1548, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1522, 1534 and 1548, Health and Safety Code.

Adopt Section 81055 to read:

81055 ADMINISTRATIVE REVIEW

81055

- (a) A licensee or his/her representative shall have the right to request a review of a notice of deficiency and/or notice of penalty within 10 working days of receipt of such notice(s).
 - (1) If the deficiency has not been corrected, civil penalties shall continue to accrue during the review process.
- (b) The review shall be conducted by a higher-level staff person than the evaluator who issued the notice(s).
- (c) If the reviewer determines that a notice of deficiency or notice of penalty was not issued or assessed in accordance with applicable statutes and regulations of the Department, or that other circumstances existed, he/she shall have the authority to amend or dismiss the notice.
- (d) The reviewer shall have the authority to extend the date specified for correction of a deficiency if warranted by the facts or circumstances presented to support a request for extension.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Section 1534, Health and Safety Code.

Adopt Section 81055.1 to read:

81055.1 DENIAL OR REVOCATION OF LICENSE FOR FAILURE 81055.1
TO PAY CIVIL PENALTIES

- (a) The licensee shall be responsible for paying civil penalties.
 - (1) Unless otherwise provided, the transfer, surrender, forfeiture or revocation of a license shall not affect the licensee's responsibility for paying any civil penalties accrued while the license was in effect.
- (b) The Department shall have the authority to deny or revoke any license for failure to pay civil penalty assessments.
 - (1) The Department shall have the authority to approve payment arrangements acceptable to the Department.
 - (2) The Department shall have the authority to approve the form of payment.
 - (3) The licensee's failure to pay civil penalty assessments pursuant to a payment plan approved by the Department may result in the denial or the revocation of any license, and/or any other appropriate action.
- (c) Any denial or revocation of the license for failure to pay civil penalties may be appealed as provided by Health and Safety Code section 1551.

Authority Cited: Section 1530 and 1548, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1522, 1534, 1548 and 1551, Health and Safety Code.

Adopt Section 81056 to read:

81056 EXEMPTION FROM CIVIL PENALTIES

81056

- (a) Civil penalties shall not be assessed against any governmental entity, including a state or city, holding a community care facility license.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Section 1534, Health and Safety Code.

Adopt Section 81058 to read:

81058 UNLICENSED FACILITY PENALTIES

81058

- (a) A penalty of \$200 per day shall be assessed for the operation of an unlicensed facility under either of the following conditions:
 - (1) The operator has not submitted a completed application for licensure within 15 calendar days of issuance of the Notice of Operation in Violation of Law pursuant to Section 81006, and continues to operate.
 - (A) For purposes of this section, an application shall be deemed completed if it includes the information required in Section 81018.
 - (B) The completed application shall be deemed to be submitted when received by the licensing agency.
 - (2) Unlicensed operation continues after denial of the initial application.
 - (A) Notwithstanding any appeal action, facility operation must cease within 10 calendar days of the mailing of the notice of denial or upon receipt of the denial notice by the operator, whichever occurs first.
- (b) The \$200 per day penalty shall be assessed for the continued operation of an unlicensed facility as follows:
 - (1) On the 16th calendar day after the operator has been issued the Notice of Operation in Violation of Law, and has not submitted a completed application as required.
 - (A) The \$200 per day penalty shall continue until the operator ceases operation, or submits a completed application pursuant to Sections 81058(a)(1)(A) and (a)(1)(B).
 - (2) Within 10 calendar days of the mailing of the notice of denial or upon receipt of the denial notice by the operator, whichever occurs first.
 - (A) The \$200 per day penalty shall continue until the operator ceases operation.
- (c) If the unlicensed operator or his/her representative reports to the licensing agency that unlicensed operation, as defined in Section 1503.5 of the Health and Safety Code, has ceased, the penalty shall cease as of the day the licensing agency receives the notification.
 - (1) A site visit shall be made immediately or within five working days to verify that the unlicensed facility operation has ceased.

- (2) Notwithstanding Section 81058(c) above, if the unlicensed facility operation has not ceased, penalties shall continue to accrue without interruption from the date of initial penalty assessment.
- (d) All penalties shall be due and payable upon receipt of the Notice for Payment from the licensing agency, and shall be paid by check or money order made payable to the agency indicated in the notice.
- (e) The licensing agency shall have the authority to file a claim in a court of competent jurisdiction or to take other appropriate action for failure to pay penalties as specified in Section 81058(d) above.

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Payment of civil penalties or application for licensure in response to a citation under this Section does not permit the operation of a community care facility without a license.

Section 1508 of the Health and Safety Code provides in pertinent part:

No person, firm, partnership, association, or corporation within the state and no state or local public agency shall operate, establish, manage, conduct, or maintain a community care facility in this state, without a current valid license therefore as provided in this chapter.

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Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1503.5, 1508, 1520, 1533, 1538, 1540, 1540.1, 1541, 1547 and 1549, Health and Safety Code.

Adopt Section 81059 to read:

81059 UNLICENSED FACILITY ADMINISTRATIVE APPEAL 81059

- (a) An unlicensed facility operator or his/her representative shall have the right to appeal the penalty assessment within 10 working days after service of the penalty assessment.
 - (1) If the unlicensed facility operation has not ceased, the \$200 per day penalty shall continue to accrue during the appeal process.
- (b) The appeal review shall be conducted by a higher-level staff person than the evaluator who issued the penalty.
- (c) If the reviewer of the appeal determines that the penalty assessment was not issued in accordance with applicable statutes and regulations of the Department, he/she shall have the authority to amend or dismiss the penalty assessment.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1503.5, 1508, 1547 and 1548, Health and Safety Code.

Amend Section 81060 to read:

81060 BASIC SERVICES

81060

(a) (Continued)

(1) (Continued)

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- (A) The Social Security Administration has interpreted Federal Regulations (20 CFR 416.1102, 416.1103, and 416.1145) to mean that any contribution given directly to the facility on behalf of an SSI/SSP recipient will not count as income (i.e., will not reduce the recipient's SSI/SSP check) if the payment is used for items other than food, clothing or shelter (e.g., care and supervision).

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(2) (Continued)

- (3) An extra charge to the resident shall be allowed for provision of special food services or products beyond that specified in Section 801076(a)(2) and (a)(4) when the resident wishes to purchase the services and agrees to the extra charge in the admissions agreement.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~1501 and 1502(a)(7)~~ 5670, 5671 and 12350, Welfare and Institutions Code; Sections 1501 and 1502(a)(7), Health and Safety Code.

Amend Section 81061 to read:

81061 REPORTING REQUIREMENTS

81061

- (a) In addition to section 80061, the following shall apply: Each licensee or applicant shall furnish to the licensing agency reports as required by the Department, including, but not limited to, those specified in this section.
- (b) Upon the occurrence, during the operation of the facility, of any of the events specified in Section 81061(b)(1) below, a report shall be made to the licensing agency within the agency's next working day during its normal business hours. In addition, a written report containing the information specified in Section 81061(b)(2) below shall be submitted to the licensing agency within seven days following the occurrence of such event.
 - (1) Events reported shall include the following:
 - (A) Death of any client from any cause.
 - (B) In a residential facility, death of any client as a result of injury, abuse, or other than natural causes, regardless of where the death occurred. This includes a death that occurred outside the facility such as at a day program, workshop, job, hospital, en route to or from a hospital, or visiting away from the facility.
 - 1. The licensee shall obtain a certified copy of the client's death certificate as soon as it is available, maintain it in the client's file, and shall send a copy to the Department as soon as it is obtained.
 - 2. For Regional Center clients, the licensee shall also send a copy of the death certificate to the Regional Center.
 - (C) The use of an Automated External Defibrillator.
 - (D) Any injury to any client which requires medical treatment.
 - (E) Any unusual incident or client absence which threatens the physical or emotional health or safety of any client.
 - (F) Any suspected physical or psychological abuse of any client.
 - (G) Epidemic outbreaks.
 - (H) Poisonings.
 - (I) Catastrophes.

- (J) Fires or explosions which occur in or on the premises.
- (2) Information provided shall include the following:
 - (A) Client's name, age, sex, and date of admission.
 - (B) Date and nature of event.
 - (C) Attending physician's name, findings, and treatment, if any.
 - (D) Disposition of the case.
- (c) The items below shall be reported to the licensing agency within 10 working days following the occurrence.
 - (1) The organizational changes specified in Section 81034(a)(2).
 - (2) Any change in the licensee's or applicant's mailing address.
 - (3) Any change of the chief executive officer of a corporation or association.
 - (A) Such notification shall include the new chief executive officer's name and address.
 - (B) Fingerprints shall be submitted as specified in Section 81019(d).
 - (4) Any changes in the plan of operation which affect the services to clients.
- (d) The items specified in Section 81061(b)(1)(A) through Section 81061(b)(1)(H) above shall also be reported to the client's authorized representative, if any.
- (e) The items specified in Section 81061(b)(1)(E) through Section 81061(b)(1)(G) above shall also be reported to the local health officer when appropriate pursuant to Title 17, California Administrative Code, Sections 2500, 2502 and 2503.

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California Code of Regulations Title 17. Public Health, Division 1. State Department of Health Services, Chapter 4. Preventive Medical Service, Subchapter 1. Reportable Diseases and Conditions, Article 1. Reporting, Section 2500. Reporting to the Local Health Authority provides in pertinent part:

- (j) Health care providers shall submit reports for the following diseases or conditions.

	<u>Acquired</u>	<u>Immune</u>	<u>Deficiency</u>
	<u>syndrome (Aids)</u>		
+	<u>Amebiasis</u>		
	<u>Anaplasmosis/Ehrlichiosis</u>		
◆	<u>Anthrax, human or animal</u>		
+	<u>Babesiosis</u>		
◆	<u>Botulism (Infant, Foodborne, Wound, Other)</u>		
◆	<u>Brucellosis human</u>		
	<u>Brucellosis, animal (except infections due to <i>Brucella canis</i>)</u>		
	<u>Campylobacteriosis</u>		
+	<u>Campylobacteriosis</u>		
	<u>Chancroid</u>		
+	<u>Chickenpox (Varicella) (only hospitalizations and deaths)</u>		
	<u><i>Chlamidia trachomatis</i> infections, including lymphogranulomaereum (LGV)</u>		
◆	<u>Cholera</u>		
◆	<u>Ciguatera Fish Poisoning</u>		
	<u>Coccidioidomycosis</u>		
	<u>Creutzfeldt-Jacob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)</u>		
+	<u>Cryptosporidiosis</u>		
	<u>Cyclosporiasis</u>		
	<u>Cysticercosis or taeniasis</u>		
◆	<u>Dengue</u>		
◆	<u>Diphtheria</u>		
◆	<u>Domoic Acid Poisoning (Amnesic Shellfish Poisoning)</u>		
+	<u>Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic</u>		
◆	<u><i>Escherichia coli</i>: shiga toxin producing (STEC) including <i>E. coli</i> 0157</u>		
+	<u>Foodborne Disease</u>		
	<u>Giardiasis</u>		
	<u>Gonococcal Infections</u>		
+	<u><i>Haemophilus influenzae</i>, invasive disease (report an incident of less than 15 years of age)</u>		
◆	<u>Hantavirus Infections</u>		
◆	<u>Hemolytic Uremic Syndrome</u>		
+	<u>Hepatitis A, acute infection</u>		
	<u>Hepatitis B (specify acute case or chronic)</u>		
	<u>Hepatitis C (specify acute case or chronic)</u>		
	<u>Hepatitis D (Delta) (specify acute case or chronic)</u>		
	<u>Hepatitis E, acute infection</u>		
◆	<u>Influenza, deaths in laboratory - confirmed cases for ages 0-64 years</u>		
◆	<u>Influenza, novel strains (human)</u>		
	<u>Legionellosis</u>		
	<u>Leprosy (Hansen Disease)</u>		
	<u>Leptospirosis</u>		
+	<u>Listeriosis</u>		
	<u>Lyme Disease</u>		

+	<u>Malaria</u>
◆	<u>Measles (Rubeola)</u>
+	<u>Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic</u>
◆	<u>Meningococcal Infections</u>
	<u>Mumps</u>
◆	<u>Paralytic Shellfish Poisoning</u>
	<u>Pelvic Inflammatory Disease (PID)</u>
+	<u>Pertussis (Whooping Cough)</u>
◆	<u>Plague, human or animal</u>
+	<u>Poliovirus Infection</u>
+	<u>Psittacosis</u>
+	<u>Q Fever</u>
◆	<u>Rabies, human or animal</u>
+	<u>Relapsing Fever</u>
	<u>Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses</u>
	<u>Rocky Mountain Spotted Fever</u>
	<u>Rubella (German Measles)</u>
	<u>Rubella Syndrome, Congenital</u>
+	<u>Salmonellosis (Other than Typhoid Fever)</u>
◆	<u>Scombroid Fish Poisoning</u>
◆	<u>Severe Acute Respiratory Infection (SARS)</u>
◆	<u>Shiga toxin (detected in feces)</u>
+	<u>Shigellosis Infections</u>
◆	<u>Smallpox (Variola)</u>
+	<u>Staphylococcus aureus infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture.)</u>
+	<u>Streptococcal Infections (Outbreaks of Any type and Individual Cases in Food Handlers and Dairy Workers Only)</u>
+	<u>Syphilis</u>
	<u>Tetanus</u>
	<u>Toxic Shock Syndrome</u>
+	<u>Trichinosis</u>
+	<u>Tuberculosis</u>
◆	<u>Tularemia, human</u>
	<u>Tularemia, animal</u>
+	<u>Typhoid fever, cases and carriers</u>
+	<u>Vibrio Infections</u>
◆	<u>Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)</u>
+	<u>West Nile virus infection</u>
◆	<u>Yellow Fever</u>
+	<u>Yersiniosis</u>
◆	<u>OCCURRENCE of ANY UNUSUAL DISEASE</u>
◆	<u>OUTBREAKS of ANY DISEASE (Including diseases not listed in Section</u>

2500). Specify if institutional and/or open community.

(♦) = to be reported immediately by telephone

(+) = to be reported by mailing a report, telephoning, or electronically transmitting a report within one (1) working day of identification of the case or suspected case.

(No diamond or cross symbol) = to be reported within seven (7) calendar days by mail, telephone, or electronic report from the time of identification.

(•) = when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.

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- (f) The item specified in Section 81061(b)(1)(H) shall also be reported immediately to the local fire authority. In areas not having organized fire services a report shall be made to the State Fire Marshal within 24 hours.
- (g) Licensees shall send copies of all substantiated complaints to board members of the licensed facility, parents, legal guardians, conservators, client rights advocates or placement agencies, as designated in each client's placement agreement in accordance with Health and Safety Code section 1538.5

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Health and Safety Code section 1538.5 reads in pertinent part:

(a)(1) Not less than 30 days prior to the anniversary of the effective date of a residential community care facility license, except licensed foster family homes, the department may transmit a copy to the board members of the licensed facility, parents, legal guardians, conservators, client's rights advocate, or placement agency, as designated in each resident's placement agreement, of all inspection reports given to the facility by the state department during the past year as a result of a substantiated complaint regarding a violation of this chapter relating to resident abuse and neglect, food, sanitation, incidental medical care, and residential supervision. During that one-year period the copy of the notices transmitted and the proof of the transmittal shall be open for public inspection...

(b) The facility operator, at the expense of the facility, shall transmit a copy of all substantiated complaints, by certified mail, to those persons described pursuant to paragraph (1) of subdivision (a) in the following cases:

(1) In the case of any substantiated complaint relating to resident physical or sexual abuse, the facility shall have three days, from the date the facility receives the licensing report from the state department to comply.

(2) In the case in which a facility has received three or more substantiated complaints relating to the same violation during the past 12 months, the facility shall have five days from the date the facility receives the licensing report to comply.

(c) A residential facility shall retain a copy of the notices transmitted pursuant to subdivision (b) and proof of their transmittal by certified mail for a period of one year after their transmittal.

(d) If a residential facility to which this section applies fails to comply with the provisions of this section, as determined by the state department, the state department shall initiate civil penalty action against the facility in accordance with the provisions of Article 3 (commencing with Section 1530) and the related rules and regulations...

(e) The department shall notify the residential community care facility of its obligation when it is required to comply with this section.

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(b) The licensee shall notify the licensing agency, in writing, within 10 working days of a change of administrator or program director. Such notification shall include the following:

- (1) Name, residence and mailing address of the new administrator/program director.
- (2) Date he/she assumed his/her position.
- (3) Description of his/her background and qualifications, including documentation of required education and related experience.

Authority cited: Sections 1530 and 1538.5, Health and Safety Code.

Reference: Sections 5453 5670 and 5671 5458, Welfare and Institutions Code; Sections 1501, and 1502(a)(7), 1507, 1531, 1538.5 and 1797.196, Health and Safety Code.

Adopt Section 81062 to read:

81062 FINANCES

81062

(a) The licensee shall meet the following financial requirements:

- (1) Development and maintenance of a financial plan which ensures resources necessary meet operating costs for care and supervision of clients.
- (2) Maintenance of financial records.
- (3) Submission of financial reports as required upon the written request of the department or licensing agency.
 - (A) Such request shall explain the necessity for disclosure.
 - (B) The licensing agency shall have the authority to reject any financial report, and to request and examine additional information including interim financial statements. The reason(s) for rejection of the report shall be in writing.

Authority cited: Sections 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1520 and 1531, Health and Safety Code.

Adopt Section 81063 to read:

81063 ACCOUNTABILITY

81063

- (a) The licensee, whether an individual or other entity, is accountable for the general supervision of the licensed facility, and for the establishment of policies concerning its operation.
- (1) If the licensee is a corporation or an association, the governing body shall be active and functioning in order to ensure such accountability.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501 and 1531, Health and Safety Code.

Amend Section 81064 to read:

81064 ADMINISTRATOR - QUALIFICATIONS AND DUTIES

81064

(a) ~~In addition to section 80064, the following shall apply:~~

(ba) All ~~S~~social ~~R~~rehabilitation ~~F~~facilities shall have an administrator.

(eb) The administrator shall have the following qualifications prior to employment:

(1) One year of full-time work experience in a management or administrative position;
and,

(2) Completion, with a passing grade, of 15 college or continuing education semester or equivalent quarter units, of which 9 units ~~which~~ shall be in administration and/or management.

(A) Three years of full-time work experience in a management or administrative position may be substituted to meet the requirement of Section 81064(b)(2) above.

(c) The administrator shall have the following qualifications:

(1) Attainment of at least 18 years of age.

(2) Knowledge of the requirements for providing the type of care and supervision needed by clients, including the ability to communicate with such clients.

(3) Knowledge of and ability to comply with applicable law and regulation.

(4) Ability to maintain, or supervise the maintenance of, financial and other records.

(5) Ability to direct the work of others, when applicable.

(6) Ability to establish the facility's policy, program and budget.

(7) Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff, if applicable to the facility.

(d) Each licensee shall make provision for continuing operation and carrying out of the administrator's responsibilities during any absence of the administrator.

(de) (Continued)

- (f) Persons employed as the administrator in an Adult Residential Facility serving clients who meet the definition of "mental illness" as contained in sSection 81001(m-)(13) as of the effective date of this section, shall not be required to meet the education/experience requirements specified in Section 81064(eb) above.
- (g) If the administrator is also the program director, he/she shall also meet the requirements of the program director set forth in California Code of Regulations, †Title 9, Division 1, SubeChapter 3, aArticle 3.5, sSections 532.6(f), (g), and (i).

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- (†) Refer to Section 81064.1(~~de~~)(1) for additional qualifications of a director.

Title 9, Division 1, Chapter 3, Article 3.5, Section 532.6 provides in pertinent part:

(f) The program director of a certified Short-Term Crisis Residential Treatment Program shall have the following qualifications prior to employment.

(1) A Bachelor's Degree in Psychology, Social Work or any other major which includes at least 24 semester college units in one or more of the following subject areas:

(A) Psychology

(B) Social Work

(C) Sociology

(D) Behavioral Sciences

(E) Psychiatric Nursing; and

(2) Two (2) years of full-time work experience in a community program that serves clients who have a mental illness. Such experience must be in the direct provision of services to clients, of which one (1) year must be in the position of supervising direct care staff, or

(3) As an alternative to the Bachelor Degree and experience required in paragraph (1) and (2) of this subsection, a total of four (4) years of experience in a community program providing direct services to persons with mental disabilities, of which one (1) year must be in the position of supervising direct care staff, and graduation from high school or possession of a GED may be substituted.

(g) The program director of a certified Transitional Residential Treatment Program or a certified Long-Term Residential Treatment Program shall have the following qualifications prior to employment.

(1) A Bachelor's Degree in Psychology, Social Work or any other major which includes at least 24 semester college units in one or more of the following subject areas:

- (A) Psychology
- (B) Social Work
- (C) Sociology
- (D) Behavioral Sciences
- (E) Psychiatric Nursing; and

(2) One (1) year of full-time work experience in a community program that serves clients who have a mental illness. Such experience must be in the direct provision of services to clients, of which four (4) months must be in a position of supervising direct care staff.

(3) As an alternative to the Bachelor's Degree and experience required in paragraphs (1) and (2) of this subsection, a total of three years of experience in providing direct services in the community to persons with mental illnesses, of which six (6) months must be in a position of supervising direct care staff, and graduation from high school or possession of a GED may be substituted.

(i) Program directors and all direct care staff of social rehabilitation programs as of the date that this section is adopted shall be considered as meeting all of the requirements of this section until two (2) years after the effective date of this section, at which time the requirements of this section shall be met in full.

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- (h) The licensee, if an individual, or any member of the governing board of the licensed corporation or association, shall be permitted to be the administrator provided that he/she meets the qualifications specified in this Chapter.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7) and 1531, Health and Safety Code.

Amend Section 81064.1 to read:

81064.1 PROGRAM DIRECTOR QUALIFICATIONS AND DUTIES

81064.1

- (a) All ~~S~~social ~~R~~rehabilitation ~~F~~facilities shall have a program director.
- (b) The program director shall be on the premises the number of hours necessary to manage and administer the treatment program of the facility in compliance with California Code of Regulations, ~~t~~Title 9, Division 1, Sub~~e~~Chapter 3, aArticle 3.5, sSections 531 through 535 and ~~t~~Title 22, dDivision 6, eChapter 2, sSections 81001.4(1)(1)(5), s.(1)(s)(2) and t.(1)(t)(2).
- (c) When the program director is temporarily absent from the facility, there shall be coverage by a substitute program director designated in writing by the licensee.
 - (1) If the absence is for more than 14 consecutive calendar days, excluding emergency leave, sick leave or vacation of the program director, the designated substitute shall meet the qualifications of a program director set forth by the Department of ~~Mental Health Care Services.~~
- (d) The program director shall meet the minimum qualifications set forth in California Code of Regulations, ~~t~~Title 9, Division 1, Sub~~e~~Chapter 3, aArticle 3.5, sSections 532.6(f), (g), and (i).

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- (~~1~~) ~~Title 9,~~ California Code of Regulations, Title 9, Sections 532.6(f), ~~(g), and (i)~~ provides in part:

(~~f~~) The program director of a certified Short-Term Crisis Residential Treatment Program shall have the following qualifications prior to employment.

(1) ~~a~~A ~~b~~Bachelor's ~~d~~Degree in ~~p~~Psychology, ~~s~~Social ~~w~~Work or any other major which includes at least 24 semester college units in one or more of the following subject areas:

- (~~A~~) ~~p~~Psychology;
- (~~B~~) ~~s~~Social ~~w~~Work;
- (~~C~~) ~~s~~Sociology;
- (~~D~~) ~~b~~Behavioral ~~s~~Sciences;
- (~~E~~) ~~p~~Psychiatric ~~n~~Nursing; and

(2) ~~t~~Two (2) years of full-time work experience in a community program that serves clients who have a mental illness. Such experience must be in the direct

provision of services to clients, of which one (1) year must be in the position of supervising direct care staff, ~~or Four years of experience, one of which must be supervising direct care staff, and graduation from high school or possession of a GED may be substituted for the education/ experience requirements.~~

(3) As an alternative to the Bachelor Degree and experience required in paragraph (1) and (2) of this subsection, a total of four (4) years of experience in a community program providing direct services to persons with mental disabilities, of which one (1) year must be in the position of supervising direct care staff, and graduation from high school or possession of a GED may be substituted.

California Code of Regulations, Title 9, Section 532.6(g) provides:

The program director of a certified Transitional Residential Treatment Program or a certified Long-Term Residential Treatment Program shall have the following qualifications prior to employment.

(1) aA bBachelor's dDegree in pPsychology, sSocial wWork or any other major which includes at least 24 semester college units in one or more of the following subject areas:

- (A) pPsychology;
- (B) sSocial wWork;
- (C) sSociology;
- (D) bBehavioral sSciences;
- (E) pPsychiatric nNursing; and

(2) eOne (1) year full-time work experience in a community program that serves clients who have a mental illness. Such experience must be in the direct provision of services to clients, of which four (4) months must be in a position of supervising direct care staff. Three years of experience of which six months must be supervising direct care staff and graduation from high school or possession of a GED may be substituted for the education/experience requirements.

~~Program directors of social rehabilitation programs as of the date that this section is adopted shall be considered as meeting all the requirements of this section until two (2) years after the effective date of this section, at which time the requirements of this section must be met in full.~~

(3) As an alternative to the Bachelor's Degree and experience required in paragraphs (1) and (2) of this subsection, a total of three years of experience in providing direct services in the community to persons with mental illness, of which six (6) months must be a position of supervising direct care staff, and graduation from high school or possession of a GED may be substituted.

California Code of Regulations, Title 9, Section 532.6(i) provides:

(i) Program directors and all direct care staff of social rehabilitation programs as of the date that this section is adopted shall be considered as meeting all of the requirements of this section until two (2) years after the effective date of this section, at which time the requirements of this section shall be met in full.

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- (e) The program director shall ensure the following: (Continued)
 - (2) Provision of the services identified in each client's individual needs and services plan or required by California Code of Regulations, ~~†Title 9, Division 1, Subchapter 3, aArticle 3.5, sSections 531 through 535 or †Title 22, dDivision 6, eChapters 1 and 2.~~ (Continued)
 - (4) Arrangements for special provision of services to clients with disabilities including visual and auditory deficiencies.

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- ~~(A)~~ Such provisions may include additional staff, safety and emergency information printed in braille, and lights to alert the deaf to emergencies.

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- (5) Development of an employee work schedule as required in Section 81066~~(b)~~(a).
- (6) Provision of staff support to clients in the planning, preparing, and serving of meals.
 - (A) If clients are unable to plan, prepare, and serve meals, the program director shall initiate and carry out the program plan pursuant to Section 81022~~(a)(3)~~ (b)(17) to ensure the requirements of Sections ~~80076 and~~ 81076 are met.
- (7) Provision of staff support to clients in performing facility maintenance and/or cleaning activities as designated in the client's treatment/rehabilitation plan.
 - (A) If clients are unable to perform facility maintenance and/or cleaning activities, the program director shall initiate and carry out the plan developed pursuant to Section 81022~~(a)(3)~~ (b)(17) to ensure the requirements of Section 801087(a) are met. (Continued)
- (g) If the program director is also the administrator, he/she shall also meet the requirements of the administrator set forth in section 81064~~(eb)~~.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501 and 1502(a)(7), Health and Safety Code.

Amend Section 81065 to read:

81065 PERSONNEL REQUIREMENTS

81065

- (a) ~~In addition to section 80065, the following shall apply:~~
Facility personnel shall be competent to provide the services necessary to meet individual client needs and shall, at all times, be employed in numbers necessary to meet such needs.

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Section 1522(b)(1) of the Health and Safety Code provides:

Any person, other than a client, residing in the facility.

Section 1522(c)(3) of the Health and Safety Code provides in part:

Except for persons specified in subdivision (b), the licensee shall endeavor to ascertain the previous employment history of persons required to be fingerprinted.

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- (b) The licensing agency shall have the authority to require any licensee to provide additional staff whenever the licensing agency determines and documents that additional staff are required for the provision of services necessary to meet client needs. The licensee shall be informed in writing of the reasons for the licensing agency's determination. The following factors shall be taken into consideration in determining the need for additional staff.
- (1) Needs of the particular clients.
 - (2) Extent of the services provided by the facility.
 - (3) Physical arrangements of the particular facility.
 - (4) Existence of a state of emergency or disaster.
- (c) The licensee shall be permitted to utilize volunteers provided that such volunteers are supervised, and are not included in the facility staffing plan.
- (d) The following facility personnel shall be at least 18 years of age:
- (1) Persons who supervise employees and/or volunteers.
 - (2) Persons, including volunteers, who provide any element of care and supervision to clients.

- (e) The licensee shall provide for direct supervision of clients during participation in or presence at potentially dangerous activities or areas in the facility.
 - (1) An adult other than a client shall be present at all times while clients are using a pool or other body of water from which rescue requires the rescuer's ability to swim.
 - (2) Adults who supervise while clients are using a pool or other body of water from which rescue requires the rescuer's ability to swim, shall have a valid water safety certificate.
- (f) All personnel shall be given on-the-job training or shall have related experience which provides knowledge of and skill in the following areas, as appropriate to the job assigned and as evidenced by safe and effective job performance.
 - (1) Principles of nutrition, food preparation and storage and menu planning.
 - (2) Housekeeping and sanitation principles.
 - (3) Provision of client care and supervision, including communication.
 - (4) Assistance with prescribed medications which are self-administered.
 - (5) Recognition of early signs of illness and the need for professional assistance.
 - (6) Availability of community services and resources.
 - (7) Universal Precautions as defined in Section 81001(u)(1).
 - (A) Training in Universal Precautions may be provided in the facility or staff may attend training provided by a local health facility, county health department, or other local training resources.
- (g) All personnel, including the licensee, administrator and volunteers, shall be in good health, and shall be physically, mentally, and occupationally capable of performing assigned tasks.
 - (1) Except as specified in Section 81065(g)(3) below, good physical health shall be verified by a health screening, including a test for tuberculosis, performed by or under the supervision of a physician not more than one year prior to or seven days after employment or licensure.
 - (2) A health screening report signed by the person performing such screening shall be made on each person specified above, and shall indicate the following:
 - (A) The person's physical qualifications to perform the duties to be assigned.

- (B) The presence of any health condition that would create a hazard to the person, clients or other staff members.
- (3) The good physical health of each volunteer who works in the facility shall be verified by:
 - (A) A statement signed by each volunteer affirming that he/she is in good health.
 - (B) A test for tuberculosis performed not more than one year prior to or seven days after initial presence in the facility.
- (h) Personnel with evidence of physical illness that poses a threat to the health and safety of clients shall be relieved of their duties.
- (i) Prior to employment or initial presence in the facility, all employees and volunteers subject to a criminal record review shall:
 - (1) Obtain a California clearance or a criminal record exemption as required by law or Department regulations or
 - (2) Request a transfer of a criminal record clearance as specified in Section 81019(f) or
 - (3) Request and be approved for a transfer of a criminal record exemption, as specified in Section 81019.1(r), unless, upon request for the transfer, the Department permits the individual to be employed, reside or be present at the facility.
- (j) Clients shall not be used as substitutes for required staff but shall be permitted, as a voluntary part of their program of activities, to participate in household duties and other tasks suited to the client's needs and abilities.
 - (1) Such duties and tasks shall be specified in the client's needs and services plan as specified in this chapter.
- (k) When regular staff members are absent, there shall be coverage by personnel capable of performing assigned tasks as evidenced by on-the-job performance.
- (l) Personnel shall provide for the care and safety of persons without physical or verbal abuse, exploitation or prejudice.
- (m) All personnel shall be instructed to report observations or evidence of violations of any of the personal rights specified in section 81072 and/or any of the personal rights provisions of this chapter.
- (n) All direct care staff shall meet the minimum qualifications as set forth in California Code of Regulations, Title 9, Division 1, subChapter 3, Article 3.5, Sections 532.6(h) and (i).

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- (~~h~~) Title 9, California Code of Regulations, Sections 532.6(h) and (i) provide:
(Continued)

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(~~eo~~) (Continued)

(~~dp~~) (Continued)

(~~eq~~) (Continued)

(~~fr~~) (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), 1507, 1522, 1531 and 1562, Health and Safety Code; and Section 42001, Vehicle Code.

Amend Section 81065.5 to read:

81065.5 DAY STAFF-CLIENT RATIO

81065.5

- (a) A licensee shall ensure that sufficient direct care staff are at the facility whenever clients are present. (Continued)
- (3) All facilities shall employ staff and have staffing patterns and ratios as indicated on the facility certification document.
 - (A) The facility shall notify the California Department of ~~Mental Health~~ Care Services when staff qualifications, positions or staffing patterns change. (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code, and Sections 1501, 1502(a)(7), 1507 and 1562, Health and Safety Code.

Amend Section 81065.6 to read:

81065.6 NIGHT SUPERVISION (Continued)

81065.6

- (c) In facilities providing care to ~~R~~regional ~~C~~center clients who rely upon others to perform all activities of daily living, night supervision shall be maintained as required by the ~~R~~regional ~~C~~center, but no less than specified in Section 81065.6(b) and (b)(1) above.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code, and Sections 1501, 1502(a)(7), 1507 and 1562, Health and Safety Code.

Amend Section 81066 to read:

81066 PERSONNEL RECORDS

81066

- (a) ~~In addition to section 80066, the following shall apply:~~
- (b) An employee work schedule shall be developed at least monthly, shall be displayed conveniently for employee reference, and shall contain the following information for each employee: (Continued)
- (eb) Staff training as required by sSection 81065(gr) shall be documented. Documentation shall include the subject of the training, who conducted the training, and the date(s) of the training.
- (c) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information:
- (1) Employee's full name.
 - (2) Driver's license number if the employee is to transport clients.
 - (3) Date of employment.
 - (4) A statement signed by the employee that he/she is at least 18 years of age.
 - (5) Home address and phone number.
 - (6) Documentation of the educational background, training and/or experience specified in licensing regulations for the type of facility in which the employee works.
 - (7) Past experience, including types of employment and former employers.
 - (8) Duties of the employee.
 - (9) Termination date if no longer employed by the facility.
 - (10) A health screening as specified in Section 81065(g).
 - (11) Tuberculosis test documents as specified in Section 81065(g).
 - (12) For employees that are required to be fingerprinted pursuant to Section 81019:
 - (A) A signed statement regarding their criminal record history as required by Section 81019(d).

- (B) Documentation of either a criminal record clearance or exemption as required by Section 81019(e).
 - 1. For Certified Administrators, a copy of their current and valid Administrator Certification meets this requirement.
- (d) Personnel records shall be maintained for all volunteers and shall contain the following:
 - (1) A health statement as specified in Section 81065(g)(3).
 - (2) Tuberculosis test documents as specified in Section 81065(g).
 - (3) For volunteers that are required to be fingerprinted pursuant to Section 81019:
 - (A) A signed statement regarding their criminal record history as required by Section 81019(d).
 - (B) Documentation of either a criminal record clearance or exemption as required by Section 81019(e).
- (e) All personnel records shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the following requirements:
 - (1) Licensing representatives shall not remove any current emergency and health-related information for current personnel unless the same information is otherwise readily available in another document or format.
 - (2) Prior to removing any records, a licensing representative shall prepare a list of the records to be removed, sign and date the list upon removal of the records, and leave a copy of the list with the administrator or designee.
 - (3) Licensing representatives shall return the records undamaged and in good order within three business days following the date the records were removed.
- (f) All personnel records shall be retained for at least three years following termination of employment.
- (g) All personnel records shall be maintained at the facility site.
 - (1) The licensee shall be permitted to retain such records in a central administrative location provided that they are readily available to the licensing agency at the facility site as specified in Section 81066(e).
- (h) In all cases, personnel records shall document the hours actually worked.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7) and 1531, Health and Safety Code.

Amend Section 81068 to read:

81068 ADMISSION AGREEMENTS

81068

- (a) ~~In addition to section 80068, the following shall apply:~~ The licensee shall complete an individual written admission agreement with each client and the client's authorized representative, if any.
- (1) Prior to admitting a developmentally disabled adult recommended by a Regional Center, the licensee shall obtain from the Regional Center written certification which states that there was no objection to the placement by any persons specified in Welfare and Institutions Code section 4803.
- (2) The licensee shall maintain a copy of the certification in the client's file.

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Welfare and Institutions Code section 4803 provides:

If a regional center recommends that a person be admitted to a community care facility . . . as a developmentally disabled resident, the employee or designee of the regional center responsible for making the recommendations shall certify in writing that neither the person recommended for admission to a community care facility . . . nor the parent of a minor or conservator of an adult, if appropriate, nor the person or agency appointed pursuant to subdivision (d) of Section 4548 or subdivision (e) of Section 4705 [and responsible for protecting the rights of persons with developmental disabilities, including representatives of area boards on developmental disabilities or clients' rights advocates assigned to the regional centers] has made an objection to the admission to the person making the recommendation. The regional center shall transmit the certificate, or a copy thereof, to the community care facility . . .

A community care facility . . . shall not admit any adult as a developmentally disabled patient on recommendation of a regional center unless a copy of the certificate has been transmitted pursuant to this section.

Any person who, knowing that objection to a community care facility . . . admission has been made, certifies that no objection has been made, shall be guilty of a misdemeanor.

Objections to proposed placements shall be resolved by a fair hearing procedure pursuant to [Welfare and Institutions Code] Section 4700.

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- (b) ~~The admission agreement shall specify the following:~~ The licensee shall complete and maintain in the client's file a Telecommunications Device Notification - LIC 9158 (5/97)

for each client whose pre-admission appraisal or medical assessment indicates that he/she is deaf, hearing-impaired, or otherwise disabled.

- ~~(1) Facility policies which are intended to ensure that no client, in the exercise of his/her personal rights, infringes upon the personal rights of any other client.~~
- ~~(2) Those actions, circumstances, or conditions which may result in the client's eviction from the facility as specified in section 81068.5.~~
- ~~(3) An indication whether the client is either receiving or eligible for Short/Doyle payments pursuant to Welfare and Institutions Code sections 5700 through 5750.~~

(c) Admission agreements must specify the following:

- (1) Basic services.
- (2) Available optional services.
- (3) Payment provisions, including the following:
 - (A) Basic rate.
 - (B) Optional services rates.
 - (C) Payor.
 - (D) Due date.
 - (E) Frequency of payment.
- (4) Modification conditions, including requirement for provision of at least 30 calendar days' prior written notice to the client or his/her authorized representative of any basic rate change.
 - (A) It shall be acceptable for agreements involving clients whose care is funded at government-prescribed rates to specify that the effective date of a government rate change shall be considered the effective date for basic-service rate modifications and that no prior notice is necessary.
- (5) Refund Conditions.
- (6) Right of the licensing agency to perform the duties authorized in Section 81044(b) and (c).
- (7) Conditions under which the agreement may be terminated.

- (A) The client's refusal to cooperate with the licensee's implementation of his/her Restricted Health Condition Care Plan as specified in Section 81092.2, if any, and his/her Needs and Services Plan, as specified in Section 81068.2 or 81068.3, must be one of the conditions.
- (8) The facility's policy concerning family visits and other communication with clients, pursuant to Health and Safety Code section 1512.

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Section 1512 of the Health and Safety Code provides in pertinent part:

The community care facility's policy concerning family visits and communication shall be designed to encourage regular family involvement with the resident client and shall provide ample opportunities for family participation in activities at the facility.

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- (9) Facility policies that are intended to ensure that no client, in the exercise of his/her personal rights, infringes upon the personal rights of any other client.
- (10) Those actions, circumstances, or conditions that may result in the client's eviction from the facility as specified in Section 81068.5.
- (11) An indication of whether the client is either receiving or is eligible to receive Short/Doyle payments pursuant to Welfare and Institutions Code sections 5700 through 5750.
- (12) If a client has a restricted health condition, as specified in Section 81092, the admission agreement must contain a statement that he/she agrees to comply with the Restricted Health Condition Care Plan developed for him/her as specified in Section 81092.2.
- (d) Such agreements shall be dated and signed, acknowledging the contents of the document, by the client and the client's authorized representative and the licensee or the licensee's designated representative no later than seven calendar days following admission.
- (e) Modifications to the original agreement shall be made whenever circumstances covered in the agreement change, and shall be dated and signed by the persons specified in Section 81068(c) above.
- (f) The licensee shall retain in the client's file the original of the initial admission agreement and all subsequent modifications.

- (1) The licensee shall provide a copy of the current admission agreement to the client and the client's authorized representative, if any.
- (g) The licensee shall comply with all terms and conditions set forth in the admission agreement.
- (h) The admission agreement shall be automatically terminated by the death of the client. No liability or debt shall accrue after the date of death.

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This does not preclude contractual arrangements such as life-care contracts or payments ordered by a court of competent jurisdiction.

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Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 4803, 5453 5670, 5458 5671 and 5713.1, Welfare and Institutions Code; Sections 1501, and 1507(a)(7), 1512, 1524.7 and 1531, Health and Safety Code; and Section 2881, Public Utilities Code.

Amend Section 81068.1 to read:

81068.1 ADMISSION PROCEDURE (Continued)

81068.1

- (c) Prior to accepting a client for treatment, the program director or an experienced staff person who has received training in developing a needs and services plan shall: (Continued)
 - (2) Obtain and review documents as specified in sections 81068.2(~~ab~~)(1) and (2). (Continued)
- (d) The facility shall obtain the medical assessment, performed as specified in Section ~~80~~1069. (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7), 1507 and 1531, Health and Safety Code.

Amend Section 81068.2 to read:

81068.2 NEEDS AND SERVICES PLAN

81068.2

- (a) Prior to admission, the licensee shall determine whether the facility's program can meet the prospective client's service needs.
- (b) If the client is to be admitted, then prior to admission, the licensee shall complete a written Needs and Services Plan, that must include:
 - (1) A written assessment as required in California Code of Regulations, ~~§~~Title 9, Division 1, sube~~Chapter 3, a~~Article 3.5, s~~Section 532.2(b).~~

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(A) California Code of Regulations, Title 9, Section 532.2(b) provides:

"There shall be a written assessment of each client on admission which includes at least: (Continued)

(4) Current psychological, educational, vocational, and other functional limitations; (Continued)

(6) Meal planning, shopping, and budgeting skills."

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- (2) (Continued)
- (4) If the client has a restricted health condition, as specified in Section 801092, a written Restricted Health Condition Care Plan as specified in Section 801092.2.
- (c) If the client has an existing needs appraisal or individual program plan (IPP) completed by a placement agency, or a consultant for the placement agency, the Department may consider the plan to meet the requirements of this section provided that:
 - (1) The needs appraisal or the IPP is not more than one year old.
 - (2) The licensee and the placement agency agree that the client's physical, mental and emotional status has not significantly changed since the assessment.
- (d) The written Needs and Services Plan specified in Section 81068.2(b) shall be maintained in the client's file.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), ~~and~~ 1507 and 1531, Health and Safety Code.

Amend Section 81068.3 to read:

81068.3 MODIFICATIONS TO NEEDS AND SERVICES PLAN

81068.3

- (a) The program director or an experienced staff person who has been trained in the development and modification of a needs and services plan shall, with the client's participation, update the needs and services plan specified in sSection 81068.2.
- (b) The licensee shall ensure that each client's written Needs and Services Plan is updated as often as necessary to assure its accuracy, but at least annually. These modifications shall be maintained in the client's file.
- (c) If the licensee determines that the client's needs cannot be met, the licensee shall inform the client, and his/her authorized representative, if any, and the placement agency, if any, and request that the client relocate to a facility that can provide the needed services.
 - (1) If the client refuses to relocate, the licensee may evict in accordance with Section 81068.5
- (bd) The program director or staff person specified in (a) above shall, with the client's participation, review the treatment/rehabilitation plan according to the schedule set forth in California Code of Regulations, tTitle 9, Division 1, subeChapter 3, aArticle 3.5, sSection 532.2(c)(3).

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- (4) California Code of Regulations, Title 9, Division 1, SubeChapter 3, aArticle 3.5, Section 532.2(c)(3) provides in pertinent part:

Review by the staff and client of the treatment/rehabilitation plan adhering to the following schedule: The program and client shall together develop a written treatment/rehabilitation plan specifying goals and objectives and the staff and client's responsibilities for their achievement. Clients shall be involved in an on-going review of progress towards reaching established goals and be involved in the planning and evaluation of their treatment goals. The plan shall contain at least the following elements:

- (1) Statement of specific treatment needs and goals.
- (2) Description of specific services to address identified treatment needs.
- (3) Documentation of reviews by staff and client of the treatment/rehabilitation plan adhering to the following schedule:
 - (A) Short-Term Crisis Residential Treatment Program: at least weekly.

(B) Transitional Residential Treatment Program: at least once every 30 days.

(C) Long-Term Residential Treatment Program: at least once every 60 days.

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(ee) (Continued)

(df) If modifications to the plan identify an individual client need which is not being met by the program of services, the following requirements shall apply: (Continued)

(3) If it is determined that the needs cannot be met, the licensee shall bring this fact to the attention of the client and/or his/her authorized representative or mental health professional, if any, and request that the client relocate.

(A) If the client refuses to relocate, the licensee shall be permitted to evict the client in accordance with sSection 81068.5.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7), 1507 and 1531, Health and Safety Code.

Amend Section 81068.4 to read:

81068.4 ACCEPTANCE AND RETENTION LIMITATIONS (Continued)

81068.4

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7), and 1507, Health and Safety Code.

Amend Section 81068.5 to read:

81068.5 EVICTION PROCEDURES

81068.5

(a) The licensee shall be permitted to evict a client with 30 days' written notice for any of the following reasons:

- (1) Nonpayment of the rate for basic services within ten days of the due date.
- (2) Failure of the client to comply with state or local law after receiving written notice of the alleged violation.
- (3) Failure of the client to comply with the general facility policies that are documented in the facility agreement, and are for the purpose of making it possible for clients to live together.
- (34) (Continued)

(5) Inability to meet the client's needs.

(4A) A ~~n~~Needs and ~~s~~Services ~~p~~Plan modification ~~has~~ must have been performed, as specified in ~~s~~Section 81068.3, which determined that the client's needs cannot be met by the facility and the client has been given an opportunity to relocate as specified in ~~s~~Section 81068.3(~~d~~f)(3).

(6) The client refuses to comply with his/her Restricted Health Condition Care Plan, if any, as specified in Section 81092.2.

(57) (Continued)

(8) Change of use of the facility.

(29) Failure of the client to comply with the provisions of the Admission Agreement.

(b) The licensee shall be permitted to evict a client with three days' prior written notice if the client has engaged in behavior since being admitted to the facility which is a threat to the mental health or physical safety of the client or other clients and the following requirement is met:

(1) The licensee has received prior written and/or has documented telephone approval for the notice of eviction from the licensing agency. (Continued)

(B) Failure of the Department to reply to the request for approval within two working days shall be considered approval.

(c) (Continued)

- (d) ~~The licensee shall, upon providing the client with notification of eviction as specified in (a) or (b) above, mail a copy of the eviction notice to the client's mental health professional and/or authorized representative, if any.~~

When serving the client with either a 30-day or a 3-day notification of eviction, the licensee shall, on the same day, overnight mail or fax a copy of the notice to the client's authorized representative, if any, or the client's responsible person if there is no authorized representative. The licensee shall, upon providing the client with notification of eviction, mail a copy of the eviction notice to the client's mental health professional.

- (e) The licensee shall ~~send to the licensing agency~~ mail or fax to the Department a copy of the 30-day written notice to quit in accordance with ~~the~~ (a) above within five days of giving the notice to the client.

- (f) Upon request of a client or his/her authorized representative or responsible person, the Department will investigate the reasons for the eviction pursuant to the provisions of Section 1538 of the Health and Safety Code.

(fg) (Continued)

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Such remedies include voluntary relocation, relocation by the client's authorized representative, hospitalization for mental or physical conditions, and arrest.

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Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, and 1502(a)(7), 1531 and 1770 et seq., Health and Safety Code.

Amend Section 81069 to read:

81069 CLIENT MEDICAL ASSESSMENTS

81069

- (a) Notwithstanding Section 801069(ab), the licensee must obtain a medical assessment prior to or within 3 days following acceptance of a client into a short-term crisis program.
 - (1) Assessments completed by a referring medical or mental health agency may be accepted by the facility; however, the licensee must ensure all information required in sSection 801069(bc) is either contained in the assessment or is obtained by the licensee within three days following acceptance of a client.
- (b) Prior to accepting a client into care, the licensee shall obtain and keep on file documentation of the client's medical assessment.
 - (1) Such assessment shall be performed by a licensed physician, or a designee, who is also a licensed professional, and the assessment shall not be more than one year old when obtained.
- (c) The medical assessment shall include the following:
 - (1) The results of an examination for communicable tuberculosis and other contagious/infectious diseases.
 - (2) Identification of the client's special problems and needs.
 - (3) Identification of a prescribed medications being taken by the client.
 - (4) A determination of the client's ambulatory status, as defined in Section 81001(n)(2).
 - (5) Identification of physical restrictions, including any medically necessary diet restrictions, to determine the client's capacity to participate in the licensee's program.
 - (6) A physical examination of the person, indicating the physician's primary diagnosis and secondary diagnosis, if any.
 - (7) Identification of other medical conditions, including those described in Section 81092, which are restricted, and in Section 81091, which would preclude care of the person by the licensee.
 - (8) Documentation of prior medical services and history.
 - (9) Current medical status including, but not limited to, height, weight, and blood pressure.

(10) Identification of the client's needs as a result of any medical information contained in the report.

(d) The licensing agency shall have the authority to require the licensee to obtain a current written medical assessment, if such an assessment is necessary to verify the appropriateness of a client's placement.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7), 1530 and 1531, Health and Safety Code.

Adopt Section 81069.2 to read:

81069.2 FUNCTIONAL CAPABILITIES ASSESSMENT

81069.2

(a) In order to determine whether the facility's program meets a client's service needs, the licensee shall assess the client's need for personal assistance and care by determining his/her functional capabilities. The assessment shall be in writing, shall be used in developing the Needs and Service Plan, and shall include, but not be limited to the following activities:

(1) Bathing:

- (A) Does not bathe or shower self.
- (B) Performs some bathing or showering tasks.
- (C) Bathes or showers self independently.

(2) Dressing:

- (A) Does not dress self.
- (B) Puts on some clothing by self.
- (C) Dresses self completely.

(3) Grooming:

- (A) Does not tend to own personal hygiene.
- (B) Tends to some personal hygiene tasks.
- (C) Tends to own personal hygiene.

(4) Toileting:

- (A) Not toilet trained.
- (B) Does not toilet by self.
- (C) Goes to toilet by self.

(5) Transferring:

- (A) Unable to move in and out of a bed or chair.

- (B) Needs assistance to transfer.
 - (C) Is able to move in and out of a bed or chair.
- (6) Repositioning:
 - (A) Unable to reposition.
 - (B) Repositions from side to side.
 - (C) Repositions from front to back and back to front.
- (7) Wheelchair:
 - (A) Unable to sit without support.
 - (B) Sits without support.
 - (C) Needs assistance moving wheelchair.
 - (D) Moves wheelchair independently.
 - (E) Does not use wheelchair.
- (8) Continence:
 - (A) No bowel and/or bladder control.
 - (B) Some bowel and/or bladder control.
 - (C) Use of assistive devices, such as a catheter.
 - (D) Complete bowel and bladder control.
- (9) Eating:
 - (A) Does not feed self.
 - (B) Feeds self with assistance from another person.
 - (C) Feeds self completely.
- (b) Assessment of the client's need for assistance shall include consideration of his/her physical condition affecting participation in his/her own care, including:

(1) Vision:

(A) Severe/profound impairment.

(B) Mild/moderate impairment.

(C) No vision impairment.

(2) Hearing:

(A) Severe/profound loss.

(B) Mild/moderate loss.

(C) No hearing loss.

(3) Communication:

(A) Does not express nonverbally.

(B) Does not express verbally.

(C) Expresses by sounds or movements.

(D) Expresses self well, both verbally and nonverbally.

(4) Walking:

(A) Does not walk.

(B) Walks with support.

(C) Walks well alone.

(5) Medical history and conditions.

(6) Need for prescribed and non-prescribed medications.

(c) Assessment of the client's need for assistance and care shall include consideration of the following:

(1) Mental and emotional conditions.

(2) Socialization and cognitive status.

- (3) Propensity for behaviors that result in harm to self or others and that require supervision.
- (4) Ability to manage his/her own finances and cash resources.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1250, 1501, 1502, 1507, 1530, 1531 and 1557.5, Health and Safety Code.

Amend Section 81070 to read:

81070 CLIENT RECORDS

81070

- (a) ~~In addition to Section 80070, the following shall apply~~ The licensee shall ensure that a separate, complete, and current record is maintained in the facility for each client.
- (b) Each client record shall contain the following information including, but not limited to, the following:
- (1) Name of client.
 - (2) Birthdate.
 - (3) Sex.
 - (14) (Continued)
 - (5) Date of admission.
 - (6) Name, address, and telephone number of the client's authorized representative(s), if any.
 - (7) A signed copy of the admission agreement specified in Section 81068.
 - (8) Name, address and telephone number of the client's physician and dentist, and other medical and mental health providers, if any.
 - (9) Medical assessment, including ambulatory status, as specified in Section 81069.
 - (10) Record of any illness or injury requiring treatment by a physician or dentist and for which the facility provided assistance to the client in meeting his/her necessary medical and dental needs.
 - (11) Record of current medications, including the name of the prescribing physician, and instructions, if any, regarding control and custody of medications.
 - (12) Restricted Health Condition Care Plan, if required for the client by Section 81092.2.
 - (13) Functional assessment as specified in Section 81069.2.
 - (214) (Continued)
 - (315) Needs and services plan and any modifications thereto, as specified in sSections 81068.2 and 81068.3.

- (16) An account of the client's cash resources, personal property, and valuables entrusted as specified in Section 81026.
- (17) Date of termination of services.
- (c) All information and records obtained from or regarding clients shall be confidential.
 - (1) The licensee shall be responsible for safeguarding the confidentiality of record contents.
 - (2) Except as specified in Section 81070(d) below, or as otherwise authorized by law, the licensee and all employees shall not reveal or make available confidential information.
- (d) All client records shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the following requirements:
 - (1) Licensing representatives shall not remove the following current records for current clients unless the same information is otherwise readily available in another document or format:
 - (A) Name, address, and telephone number of the client's authorized representative(s) as specified in Section 81070(b)(6).
 - (B) Name, address, and telephone number of a client's physician and dentist, and any other medical and mental health providers, as specified in Section 81070(b)(8).
 - (C) Medical assessment, including ambulatory status, as specified in Section 81070(b)(9).
 - (D) Record of any current illness or injury as specified in Section 81070(b)(10).
 - (E) Record of current medications as specified in Section 81070(b)(11).
 - (F) Restricted Health Condition Care Plan as specified in Section 81070(b)(12).
 - (G) Functional assessment as specified in Section 81070(b)(13).
 - (H) Any other records containing current emergency or health-related information for current clients.

- (2) Prior to removing any records, a licensing representative shall prepare a list of the records to be removed, sign and date the list upon removal of the records, and leave a copy of the list with the administrator or designee.
- (3) Licensing representatives shall return the records undamaged and in good order within three business days following the date the records were removed.
- (e) A client's records shall be open to inspection by the client's authorized representative(s), if any.
- (f) The information specified in Section 81070(b)(1) through (b)(17) above must be updated as necessary to ensure the accuracy of the client's record.
- (g) Original client records or photographic reproductions shall be retained for at least three years following termination of service to the client.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7), 1507 and 1531, Health and Safety Code.

Adopt Section 81071 to read:

81071 REGISTER OF CLIENTS

81071

(a) In all licensed facilities, the following shall apply:

(1) The licensee shall maintain in the facility a register of all clients. The register shall be immediately available to, and copied for, licensing staff upon request, and must contain current information on the following:

(A) Client's name and ambulatory status as specified in Sections 81070(b)(1) and 81070(b)(9).

(B) Name, address and telephone number of client's attending physician.

(C) Authorized representatives information as specified in Section 81070(b)(6).

(D) Client's restricted health condition(s), if any, as specified in Section 81092(b).

1. The licensee may keep a separate client register with this information.

(2) The licensee shall keep the register in a central location at the facility.

(A) Registers are confidential, as specified in Section 81070(c).

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1507 and 1557.5, Health and Safety Code.

Amend Section 81072 to read:

81072 PERSONAL RIGHTS

81072

- (a) In addition to section 80072, the following shall apply: Each client shall have personal rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with the daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed, by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency, and of information regarding confidentiality.

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Provisions regarding inspection requests are found in Health and Safety Code section 1538:

(a) Any person may request an inspection of any community care facility in accordance with the provisions of this chapter by transmitting to the state department notice of an alleged violation of applicable requirements prescribed by statutes or regulations of this state....

(b) The substance of the complaint shall be provided to the licensee no earlier than at the time of the inspection....

HANDBOOK ENDS HERE

- (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice.
 - (A) Attendance at religious services, in or outside of the facility, shall be on a completely voluntary basis.
- (6) To leave or depart the facility at any time.

- (A) The licensee shall not be prohibited by this provision from setting curfews or other house rules for the protection of clients.
 - (B) This provision may not apply to clients for whom a guardian, conservator, or other legal authority has been appointed.
- (7) Not to be locked in any room, building, or facility premises by day or night.
 - (A) The licensee shall not be prohibited by this provision from locking exterior doors and windows or from establishing house rules for the protection of clients provided the clients are able to exit the facility.
 - (B) The licensee shall be permitted to utilize means other than those specified in 81072(a)(7)(A) above for securing exterior doors and windows only with the prior approval of the licensing agency.
- (8) Not to be placed in any restraining device. Postural supports may be used under the following conditions.
 - (A) Postural supports shall be limited to appliances or devices including braces, spring release trays, or soft ties, used to achieve proper body position and balance, to improve a client's mobility and independent functioning, or to position rather than restrict movement including, but not limited to, preventing a client from falling out of bed, a chair, etc.
 - 1. Physician-prescribed orthopedic devices such as braces or casts used for support of a weakened body part or correction of body parts are considered postural supports.
 - (B) A written order from the client's physician indicating the need for the postural support shall be maintained in the client's record. The licensing agency shall be authorized to require additional documentation if needed to verify the order.
 - (C) Postural supports shall be fastened or tied in a manner that permits quick release by the client.
 - (D) Prior to the use of postural supports that cause the client to become non-ambulatory, the licensee shall ensure that a fire clearance, as required by Section 81020, has been secured.
 - (E) Under no circumstances shall postural supports include tying of, or depriving or limiting the use of, a client's hands or feet.
 - 1. A bed rail that extends from the head half the length of the bed and used only for assistance with mobility shall be allowed. Bed rails that extend

the entire length of the bed are prohibited except for clients who are currently receiving hospice care and have a hospice care plan that specifies the need for full bed rail.

(F) Protective devices including, but not limited to, helmets, elbow guards, and mittens which do not prohibit a client's mobility but rather protect the client from self-injurious behavior are not to be considered restraining devices for the purpose of this regulation. Protective devices may be used if they are approved in advance by the licensing agency as specified below.

1. All requests to use protective devices shall be in writing and include a written order of a physician indicating the need for such devices. The licensing agency shall be authorized to require additional documentation including, but not limited to, the Individual Program Plan (IPP) as specified in Welfare and Institutions Code section 4646, and the written consent of the authorized representative, in order to evaluate the request.

2. The licensing agency shall have the authority to grant conditional and/or limited approvals to use protective devices.

(9) To receive or reject medical care, or health-related services, except for clients for whom a guardian, conservator, or other legal authority has been appointed.

(10) To be informed of the facility's policy concerning family visits and other communication with clients, as specified in Health and Safety Code section 1512.

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Section 1512 of the Health and Safety Code provides in pertinent part:

The community care facility's policy concerning family visits and communication shall be designed to encourage regular family involvement with the resident client and shall provide ample opportunities for family participation in activities at the facility.

HANDBOOK ENDS HERE

(b) ~~The licensee shall insure that each client is accorded the following personal rights:~~

(11) (Continued)

(12) (Continued)

(13) (Continued)

(14) (Continued)

(15) (Continued)

(16) (Continued)

(17) (Continued)

(18) (Continued)

(19) (Continued)

(420) (Continued)

(421) (Continued)

(422) (Continued)

- (b) At admission, a client and the client's authorized representative shall be personally advised of and given a list of the rights specified in Section 81072(a)(1) through (22).
- (c) The information specified in Section 81072(b) above including the visiting policy as stated in the admissions agreement shall be prominently posted in areas accessible to clients and their visitors.
- (d) The licensee shall ensure that each client is accorded the personal rights as specified in this section.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5453 5670 and 5458 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7), 1512 and 1531, Health and Safety Code.

Adopt Section 81073 to read:

81073 TELEPHONES

81073

(a) A social rehabilitation facility shall have telephone service on the premises.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501, 1531 and 1539, Health and Safety Code.

Adopt Section 81074 to read:

81074 TRANSPORTATION

81074

- (a) Only drivers licensed for the type of vehicle operated shall be permitted to transport clients.
- (b) The manufacturer's rated seating capacity of the vehicles shall not be exceeded.
- (c) Motor vehicles used to transport clients shall be maintained in a safe operating condition.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5670 and 5671, Welfare and Institutions Code; Sections 1501 and 1531, Health and Safety Code.

Amend Section 81075 to read:

81075 HEALTH-RELATED SERVICES

81075

- (a) In addition to section 80075, the following shall apply: The licensee shall ensure that each client receives necessary first aid and other needed medical or dental services, including arrangement for and/or provision of transportation to the nearest available services.
- (b) Clients shall be assisted as needed with self-administration of prescription and nonprescription medications.
 - (1) Facility staff who receive training may assist clients with metered-dose inhalers, and dry powder inhalers if the following requirements are met:
 - (A) Facility staff must receive training from a licensed professional.
 - 1. The licensee shall obtain written documentation from the licensed professional outlining the procedures and the names of facility staff who have been trained in those procedures.
 - 2. The licensee ensures that the licensed professional reviews staff performance as the licensed professional deems necessary, but at least once a year.
 - (B) All staff training shall be documented in the facility personnel files.
 - (2) Facility staff, except those authorized by law, shall not administer injections but staff designated by the licensee shall be authorized to assist clients with self-administration of injections as needed.
 - (3) Assistance with self-administration does not include forcing a client to take medications, hiding or camouflaging medications in other substances without the client's knowledge and consent, or otherwise infringing upon a client's right to refuse to take a medication.
 - (4) If the client's physician has stated in writing that the client is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the client with self-administration of their PRN medication.
 - (5) If the client's physician has stated in writing that the client is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the client with self-administration, provided all of the following requirements are met:

- (A) There is written direction from a physician, on a prescription blank, specifying the name of the client, the name of the medication, all of the information specified in Section 81075(e), instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication of when the physician should be contacted for a medication reevaluation.
 - (B) Once ordered by the physician the medication is given according to the physician's directions.
 - (C) A record of each dose is maintained in the client's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the client's response.
- (6) If the client is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the client with self-administration, provided all of the following requirements are met:
- (A) Facility staff shall contact the client's physician prior to each dose, describe the client's symptoms, and receive direction to assist the client in self-administration of that dose of medication.
 - (B) The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the client's facility record.
 - (C) The date and time the PRN medication was taken, the dosage taken, and the client's response, shall be documented and maintained in the client's facility record.
 - (D) For every prescription and nonprescription PRN medication for which the licensee provides assistance, there shall be a signed, dated written order from a physician on a prescription blank, maintained in the client's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information:
 - 1. The specific symptoms which indicate the need for the use of the medication.
 - 2. The exact dosage.
 - 3. The minimum number of hours between doses.
 - 4. The maximum number of doses allowed in each 24-hour period.

- (c) The isolation room or area specified in Section 81087(i) shall be used where separation from others is required.
- (d) There shall be privacy for first aid treatment of minor injuries and for examination or treatment by a physician if required.
- (e) When a client requires oxygen the licensee is responsible for the following:
 - (1) Monitoring the client's ongoing ability to operate and care for the equipment in accordance with the physician's instructions, or if the client is unable to do so:
 - (A) Ensuring that an adequate number of facility staff persons are designated to operate and care for the equipment and that those staff persons receive.
 - 1. The licensee shall comply with all of the requirements for training in Sections 81075(b)(1)(A) through (B).
 - (2) Ensuring that the following conditions are met if oxygen equipment is in use:
 - (A) The licensee makes a written report to the local fire jurisdiction that oxygen is in use at the facility.
 - (B) "No Smoking - Oxygen in Use" signs shall be posted in appropriate areas.
 - (C) Smoking is prohibited where oxygen is in use.
 - (D) All electrical equipment is checked for defects that may cause sparks.
 - (E) Oxygen tanks that are not portable are secured either in a stand or to the wall.
 - (F) Plastic tubing from the nasal cannula (mask) to the oxygen source is long enough to allow the client movement within his/her room but does not constitute a hazard to the client or others.
 - (G) Clients use oxygen from a portable source when they are outside of their rooms or when walking in a day care setting.
 - (H) Equipment is operable.
 - (I) Facility staff have knowledge and ability to operate and care for the oxygen equipment.
 - (J) Equipment is removed from the facility when no longer in use by the client.
- (f) Staff responsible for providing direct care and supervision shall receive training in first aid from persons qualified by agencies including but not limited to the American Red Cross.

(g) If the facility has no medical unit on the grounds, first aid supplies shall be maintained and be readily available in a central location in the facility.

(1) The supplies shall include at least the following:

(A) A current edition of a first aid manual approved by the American Red Cross, the American Medical Association or a state or federal health agency.

(B) Sterile first aid dressings.

(C) Bandages or roller bandages.

(D) Adhesive tape.

(E) Scissors.

(F) Tweezers.

(G) Thermometers.

(H) Antiseptic solution.

(h) There shall be at least one person capable of and responsible for communicating with emergency personnel in the facility at all times. The following information shall be readily available:

(1) The name, address and telephone number of each client's physician and dentist, and other medical and mental health providers, if any.

(2) The name, address and telephone number of each emergency agency, including but not limited to the fire department, crisis center or paramedical unit. There shall be at least one medical resource available to be called at all times.

(3) The name and telephone number of an ambulance service.

HANDBOOK BEGINS HERE

It is recommended that the licensee obtain consent forms to permit the authorization of medical care.

HANDBOOK ENDS HERE

(i) When a client requires prosthetic devices, or vision or hearing aids, the staff shall be familiar with the use of these devices and aids and shall assist the client with their utilization as needed.

(j) Medications shall be centrally stored under the following circumstances:

- (1) Preservation of the medication requires refrigeration.
- (2) Any medication determined by the physician to be hazardous if kept in the personal possession of the client for whom it was prescribed.
- (3) Because of physical arrangements and the condition or the habits of persons in the facility, the medications are determined by either the administrator or by the licensing agency to be a safety hazard.

(k) The following requirements shall apply to medications which are centrally stored:

- (1) Medication shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.
- (2) Each container shall identify the items specified in Section 81075(k)(7)(A) through (G) below.
- (3) All medications shall be labeled and maintained in compliance with label instructions and state and federal laws.
- (4) No person other than the dispensing pharmacist shall alter a prescription label.
- (5) Each client's medication shall be stored in its originally received container.
- (6) No medications shall be transferred between containers.
- (7) The licensee shall ensure the maintenance, for each client, of a record of centrally stored prescription medications which is retained for at least one year and includes the following:
 - (A) The name of the client for whom prescribed.
 - (B) The name of the prescribing physician.
 - (C) The drug name, strength and quantity.
 - (D) The date filled.
 - (E) The prescription number and the name of the issuing pharmacy.
 - (F) Expiration date.

(G) Number of refills.

(H) Instructions, if any, regarding control and custody of the medication.

(I) Prescription medications which are not taken with the client upon termination of services, or which are not to be retained shall be destroyed by the facility administrator, or a designated substitute, and one other adult who is not a client.

(1) Both shall sign a record, to be retained for at least one year, which lists the following:

(A) Name of the client.

(B) The prescription number and the name of the pharmacy.

(C) The drug name, strength and quantity destroyed.

(D) The date of destruction.

(bm) (Continued)

(en) (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, 1502, and 1502(a)(7), 1507, 1530 and 1531, Health and Safety Code.

Adopt Section 81075.1 to read:

81075.1 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

81075.1

(a) The licensee is permitted to maintain and operate an AED at the facility if all of the following requirements are met:

- (1) The licensee shall notify the licensing agency in writing that an AED is in the facility and will be used in accordance with all applicable federal and other state requirements.
- (2) The AED shall be used in accordance with all applicable federal and other state requirements.
- (3) The licensee shall maintain at the facility the following:
 - (A) A copy of the required physician's prescription for the AED.
 - (B) A training manual from an American Heart Association - or American Red Cross-recognized AED training class.
 - (C) A log of checks of operation of the AED containing the dates checked and the name of person checking.
 - (D) A copy of a valid AED operator's certificate for any employee(s) authorized by the licensee to operate the AED. The certificate shall indicate that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross. If it does not, then other evidence indicating that the AED training course completed complies with the standards of the American Heart Association or the American Red Cross shall be available at the facility.
 - (E) A log of quarterly proficiency demonstrations for each holder of an AED operator's certificate who is authorized by the licensee to operate the AED. The log shall contain the dates of the demonstrations and the manner of demonstration.
- (4) A supply kit shall be maintained at the facility and be readily available for use with the AED. The kit shall contain at least the following:
 - (A) A back-up battery set.
 - (B) An extra set of pads.
 - (C) A safety razor for shaving chest hair when necessary to apply the pads.

- (D) A cardiovascular pulmonary resuscitation barrier (a face shield or mask) for protection from transmission of infectious disease.
- (E) Two pairs of unused medical examination gloves (latex or non-latex).
- (5) Use of an AED shall be reported as specified in Section 81061.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507, 1530, 1531 and 1797.196, Health and Safety Code.

Amend Section 81076 to read:

81076 FOOD SERVICE

81076

- (a) ~~In addition to section 80076, the following shall apply:~~ In a social rehabilitation facility providing meals to clients, the following shall apply:

- (1) All food shall be safe and of the quality and in the quantity necessary to meet the needs of the clients. Each meal shall meet at least 1/3 of the servings recommended in the USDA Basic Food Group Plan - Daily Food Guide for the age group served. All food shall be selected, stored, prepared and served in a safe and healthful manner.

HANDBOOK BEGINS HERE

U.S. Department of Agriculture Dietary Guidelines for Americans 2005

The following is the U.S. Department of Agriculture's Food Guide for a 2,000 calorie level diet. For additional calorie level diets please see the entire Food Guide chart available in the Dietary Guidelines for Americans 2005 (appendix A-2).

Daily Amount of Food From Each Group (vegetable subgroup amounts are per week)

Food Group Food group amounts shown in cup (c) or ounce-equivalents (oz-eq), with number of servings (srv) in parentheses when it differs from the other units. See note for quantity equivalents for foods in each group. Oils are shown in grams (g).

<u>Fruits</u>	<u>2 c (4 srv)/day</u>
<u>Vegetables</u>	<u>2.5 c (5 srv)/day</u>
<u>Dark Green Veg</u>	<u>3 c/wk</u>
<u>Orange Veg</u>	<u>2 c/wk</u>
<u>Legumes</u>	<u>3 c/wk</u>
<u>Starchy Veg</u>	<u>3 c/wk</u>
<u>Other Veg</u>	<u>6.5 c/wk</u>
<u>Grains</u>	<u>6 oz-eq/day</u>
<u>Whole Grains</u>	<u>3 oz-eq/day</u>
<u>Other Grains</u>	<u>3 oz-eq/day</u>
<u>Lean Meat and Beans</u>	<u>5.5 oz-eq/day</u>
<u>Milk</u>	<u>3 c/day</u>
<u>Oils</u>	<u>27 g/day</u>
<u>Discretionary Calorie Allowance</u>	<u>267 calories/day</u>

Note: One serving of fruits and vegetables is equivalent to 1/2 cup.

HANDBOOK ENDS HERE

- (2) Where all food is provided by the facility, arrangements shall be made so that each client has available at least three meals per day.
 - (A) Not more than 15 hours shall elapse between the third meal of one day and first meal of the following day.
- (3) Where meal service within a facility is elective, arrangements shall be made to ensure availability of a daily food intake meeting the requirements of Section 81076(a)(1) above for all clients who, in their admission agreement, elect meal service.
- (4) Between meal nourishment or snacks shall be available for all clients unless limited by dietary restrictions prescribed by a physician.
- (5) Menus shall be written at least one week in advance and copies of the menus as served shall be dated and kept on file for at least 30 days. Menus shall be made available for review by the clients or their authorized representatives and the licensing agency upon request.
- (6) Modified diets prescribed by a client's physician as a medical necessity shall be provided.
 - (A) The licensee shall obtain and follow instructions from the physician or dietitian on the preparation of the modified diet.
- (7) Commercial foods shall be approved by appropriate federal, state and local authorities. All foods shall be selected, transported, stored, prepared and served so as to be free from contamination and spoilage and shall be fit for human consumption. Food in damaged containers shall not be accepted, used or retained.
- (8) Where indicated, food shall be cut, chopped or ground to meet individual needs.
- (9) Powdered milk shall not be used as a beverage but shall be allowed in cooking and baking. Raw milk, as defined in Division 15 of the California Food and Agricultural Code shall not be used. Milk shall be pasteurized.
- (10) Except upon written approval by the licensing agency, meat, poultry and meat food products shall be inspected by state or federal authorities. Written evidence of such inspection shall be available for all products not obtained from commercial markets.
- (11) All home canned foods shall be processed in accordance with standards of the University of California Agricultural Extension Service. Home canned foods from outside sources shall not be used.
- (12) If food is prepared off the facility premises, the following shall apply:

- (A) The preparation source shall meet all applicable requirements for commercial food services.
 - (B) The facility shall have the equipment and staff necessary to receive and serve the food and for cleanup.
 - (C) The facility shall maintain the equipment necessary for in-house preparation, or have an alternate source for food preparation, and service of food in emergencies.
- (13) All persons engaged in food preparation and service shall observe personal hygiene and food services sanitation practices which protect the food from contamination.
 - (14) All foods or beverages capable of supporting rapid and progressive growth of microorganisms which can cause food infections or food intoxications shall be stored in covered containers at 45 degrees F (7.2 degrees C) or less.
 - (15) Pesticides and other similar toxic substances shall not be stored in food storerooms, kitchen areas, food preparation areas, or areas where kitchen equipment or utensils are stored.
 - (16) Soaps, detergents, cleaning compounds or similar substances shall be stored in areas separate from food supplies.
 - (17) All kitchen, food preparation, and storage areas shall be kept clean, free of litter and rubbish, and measures shall be taken to keep all such areas free of rodents, and other vermin.
 - (18) All food shall be protected against contamination. Contaminated food shall be discarded immediately.
 - (19) All equipment, fixed or mobile, dishes, and utensils shall be kept clean and maintained in safe condition.
 - (20) All dishes and utensils used for eating and drinking and in the preparation of food and drink, shall be cleaned and sanitized after each usage.
 - (A) Dishwashing machines shall reach a temperature of 165 degrees F (74 degrees C) during the washing and/or drying cycle to ensure that dishes and utensils are cleaned and sanitized.
 - (B) Facilities not using dishwashing machines shall clean and sanitize dishes and utensils by an alternative comparable method.

- (21) Equipment necessary for the storage, preparation and service of food shall be provided, and shall be well-maintained.
- (22) Tableware and tables, dishes, and utensils shall be provided in the quantity necessary to serve the clients.
- (23) Adaptive devices shall be provided for self-help in eating as needed by clients.
- (b) The licensing agency shall have the authority to require the facility to provide written information, including menus, regarding the food purchased and used over a given period when it is necessary to determine if the licensee is in compliance with the food service requirements in the regulations in this Division.
 - (1) The licensing agency shall specify in writing the written information required from the licensee.
- (bc) (Continued)
- (ed) (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7), 1530, 1530.5 and 1531, Health and Safety Code.

Adopt Section 81077.2 to read:

81077.2 CARE FOR CLIENTS WHO RELY UPON OTHERS TO PERFORM ALL ACTIVITIES OF DAILY LIVING 81077.2

- (a) A licensee may accept or retain a client who relies upon others to perform all activities of daily living for them.
- (b) Prior to accepting a client into care, the licensee shall complete the following:

 - (1) An approved plan of operation demonstrating the licensee's ability to care for these clients as specified in Section 81022(g).
 - (2) A Needs and Services Plan, as required by Section 81068.2 that includes all of the following:

 - (A) A plan to monitor the client's skin condition, including:

 - 1. Specific guidelines for turning the client, (time, method, acceptable positions).
 - 2. Skin breakdown.
 - 3. Objective symptoms, observable by a lay person, indicating when a licensed professional must be contacted.
 - (B) A method for feeding the client and providing him/her with hydration.
 - (C) A method for determining the client's needs.
 - (D) A method for communicating with the client.
 - (E) A list of emergency contacts and a list of readily observable conditions that indicate when emergency intervention is necessary.
 - (F) A list of persons to contact in the event of non-emergency client distress or discomfort and a list of readily observable conditions that indicate when the licensee is to contact those persons.
 - (G) A description of the client-specific training that facility staff will receive.

 - 1. The training must be provided by the client's health care provider (physician or nurse), the client's physical or mental health therapist, social worker, and placement worker, within their individual scopes of practice.

2. The training must include the client's needs and objective symptoms that indicate when the licensee is to obtain health care or other type of assistance.
- (H) An agreement, signed by the placement agency, or authorized representative, to review the client's care at least once a month. A copy of the agreement shall be maintained in the client's file.
- (I) The licensee's agreement to document significant occurrences that result in changes in the client's physical, mental, and/or functional capabilities. This documentation must be retained in the client's record in the facility and be readily available for review by the client's health care providers and the Department.
- (c) The Department may require any additional information it considers necessary to ensure the safety of clients.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1507 and 1530, Health and Safety Code.

Adopt Section 81077.3 to read:

81077.3 CARE FOR CLIENTS WHO LACK HAZARD AWARENESS
OR IMPULSE CONTROL

81077.3

- (a) If a client requires protective supervision because of running/wandering away, supervision may be enhanced by fencing yards, using self-closing latches and gates, and installing operational bells, buzzers, or other auditory devices on exterior doors to alert staff when the door is opened. The fencing and devices must not substitute for appropriate staffing.
- (1) The licensee may use wrist bands and other client egress-alert devices with the prior written approval of the client or authorized representative, if the client is legally incapable of giving consent, provided that the devices do not violate Section 81072.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1507, 1530, 1531 and 1531.1, Health and Safety Code.

Adopt Section 81077.4 to read:

81077.4 CARE FOR CLIENTS WITH INCONTINENCE

81077.4

- (a) A licensee may accept or retain a client who has bowel and/or bladder incontinence.
- (b) If a licensee accepts or retains a client who has bowel and/or bladder incontinence, the licensee is responsible for all of the following:
 - (1) Ensuring that incontinent care products appropriate to the needs of the client are used whenever they are needed.
 - (2) Ensuring that clients who can benefit from scheduled toileting are assisted or reminded to go to the bathroom at regular intervals rather than being diapered.
 - (3) Assisting the client with self-care.
 - (4) Ensuring that clients with incontinence are kept clean and dry, and that the facility remains free of odors.
 - (5) Ensuring that, where prescribed, bowel and/or bladder programs are designed by a licensed professional or designee. The person designing the program must have training and experience in care of persons with bowel and/or bladder dysfunction and development of retraining programs for establishing normal patterns of continence.
 - (A) The licensee shall ensure that clients are assisted with a structured bowel and/or bladder retraining program if one has been designed for the client.
 - (B) The licensee shall ensure that facility staff responsible for implementing the program receive training from the licensed professional or designee who designed the program.
 - (C) The licensee obtains from the licensed professional or designee written instructions to facility staff outlining the procedures and shall document the names of facility staff who received the training.
 - (D) The licensee shall ensure that the licensed professional or designee evaluates the effectiveness of the program and staff as the licensed professional or designee deems appropriate, but at least annually.
 - (6) Ensuring that the condition of the skin exposed to urine and stool is evaluated regularly to ensure that skin breakdown is not occurring.
 - (7) Ensuring privacy when care is provided.

- (8) Providing needed incontinence supplies when the client or a third party is unable to do so.
- (9) Ensuring that fluids are not withheld to control incontinence.
- (10) Ensuring that a client with incontinence is not catheterized to control incontinence for the convenience of the licensee or facility staff.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507, 1530 and Health and Safety Code.

Adopt Section 81077.5 to read:

81077.5 CARE FOR CLIENTS WITH CONTRACTURES

81077.5

- (a) A licensee may accept or retain a client who has contractures.
- (b) If a licensee accepts or retains a client who has contractures, the licensee is responsible for all of the following:
 - (1) Monitoring the client's ongoing ability to care for his/her contractures in accordance with the physician's instructions.
 - (2) Ensuring that care is provided by a licensed professional or trained facility staff when the client is unable to provide self-care.
 - (A) The licensee shall ensure that facility staff responsible for assisting with range of motion exercises or other exercise(s) prescribed by the physician or therapist receive supervision and training from a licensed professional.
 - (B) The licensee obtains from the licensed professional written documentation outlining the procedures for the exercises and the names of facility staff who received the training.
 - (C) The licensee shall ensure that the licensed professional reviews staff performance as the licensed professional deems necessary, but at least once a year.
- (c) In addition to Section 81077.5(b) the licensee shall ensure that there is a plan of care for the contractures that is developed by a licensed professional.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

Amend Section 81078 to read:

81078 RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION 81078

- (a) ~~Notwithstanding section 80078, the following shall apply:~~ The licensee shall provide care and supervision as necessary to meet the client's needs
- (1) ~~The licensee shall arrange for and/or provide those services identified in the client's needs and services plan as necessary to meet the client's needs.~~
- (b) In any instance where the Department does not suspend the facility license and the licensing agency requires that a client be relocated, as specified in Section 81094, the licensee shall prepare a written relocation plan. The plan shall contain all necessary steps to be taken to reduce stress to the client which may result in transfer trauma.
- (1) The written relocation plan shall include, but not be limited to the following:
- (A) A specific date for beginning and a specific date for completion of the process of safely relocating the client. The time frame for relocation may provide for immediate relocation but shall not exceed 30 days or 30 days after the date of the written conclusion of the client's appeal of the relocation order, if appealed.
- (B) A specific date when the client and the client's authorized representative, if any, shall be notified of the need for relocation.
- (C) A specific date when consultation with the client's physician shall occur to obtain a current medical assessment of the client's health needs, to determine the appropriate facility type for relocation and to ensure that the client's health care needs continue to be met at all times during the relocation process.
- (D) The method by which the licensee shall participate in the identification of an acceptable relocation site with the client and the authorized representative if any. The licensee shall advise the client and/or the authorized representative that if the client is to be moved to another nonmedical community care facility, a determination must be made that the client's needs can be legally met in the new facility before the move is made. If the client's needs cannot be legally met in the new facility, the client must be moved to a facility licensed to provide the necessary care.
- (E) A list of contacts made or to be made by the licensee with community resources, including but not limited to, social workers, family members, Long Term Care Ombudsman, clergy and others as appropriate to ensure that services are provided to the client before, during and after the move. The need for the move shall be discussed with the client and the client assured that support systems will remain in place.

- (F) Measures to be taken until relocation to protect the client and/or meet the client's health and safety needs.
 - (G) An agreement to notify the licensing agency when the relocation has occurred, including the client's new address, if known.
- (2) The relocation plan shall be submitted in writing to the licensing agency within the time set forth in the written notice by the licensing agency that the client requires health services that the facility cannot legally provide.
 - (3) Any changes in the relocation plan shall be submitted in writing to the licensing agency. The licensing agency shall have the authority to approve, disapprove or modify the plan.
 - (4) If relocation of more than one (1) client is required, a separate plan shall be prepared and submitted in writing for each client.
 - (5) The licensee shall comply with all terms and conditions of the approved plan. No written or oral contract with any other person shall release the licensee from the responsibility specified in sections 81078(b) and (c) for relocating a client who has a health condition(s) which cannot be cared for in the facility and/or requires inpatient care in a licensed health facility, nor from taking necessary actions to reduce stress to the client.
 - (6) In cases where the licensing agency determines that the resident is in imminent danger because of a health condition(s) which cannot be cared for in the facility or which requires inpatient care in a licensed health facility, the licensing agency shall have the authority to order the licensee to immediately relocate the resident.
- (c) In all cases when a client or resident must be relocated, the licensee shall not obstruct the relocation process and shall cooperate with the licensing agency in the relocation in process. Such cooperation shall include, but not be limited to, the following activities:
- (1) Identifying and preparing for removal of the medications, Medi-Cal or Medicare or other medical insurance documents, clothing, safeguarded cash resources, valuables and other belongings of the client.
 - (2) Contacting the authorized representative of the client to assist in transporting him or her, if necessary.
 - (3) Contacting other suitable facilities for placement, if necessary.
 - (4) Providing access to client's files when required by the Department.

- (d) Notwithstanding 81078(a) through (c)(4) above, the licensee shall arrange for and/or provide those services identified in the client's needs and services plan as necessary to meet the client's needs.

Authority cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7), 1511, 1528, 1531 and 1556, Health and Safety Code.

Amend Section 81079 to read:

81079 ACTIVITIES (Continued)

81079

- (e) Activities shall be encouraged through provision of the space, equipment, and supplies specified in sSections 81087.2, 81087.3 and 81088(fl). (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501 and 1502(a)(7), Health and Safety Code.

Amend Section 81080 to read:

81080 RESIDENT COUNCILS (Continued)

81080

- (b) The licensee shall ensure that in providing for resident councils the requirements of the Health and Safety Code section 1520.2 are observed.

HANDBOOK BEGINS HERE

- (1) Health and Safety Code Ssection 1520.2 provides in pertinent part: (Continued)

HANDBOOK ENDS HERE

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, 1502(a)(7), and 1520.2 Health and Safety Code.

Adopt Section 81086 to read:

81086 ALTERATIONS TO EXISTING BUILDINGS OR NEW FACILITIES 81086

- (a) Prior to construction or alterations, all licensees shall notify the licensing agency of the proposed change.
- (b) The licensing agency shall have the authority to require that the licensee have a building inspection by a local building inspector if the agency suspects that a hazard to the clients' health and safety exists.

HANDBOOK BEGINS HERE

Prior to construction or alterations, state or local law requires that all facilities secure a building permit.

HANDBOOK ENDS HERE

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501 and 1531, Health and Safety Code.

Amend Section 81087 to read:

81087 BUILDINGS AND GROUNDS

81087

- (a) ~~In addition to Section 80087, the following shall apply.~~ The facility shall be clean, safe, sanitary and in good repair at all times for the safety and well-being of clients, employees and visitors.
- (1) The licensee shall take measures to keep the facility free of flies and other insects.
- (2) The licensee shall provide for the safe disposal of water and other chemicals used for cleaning purposes.
- (b) All clients shall be protected against hazards within the facility through the provision of the following:
- (1) Protective devices including, but not limited to, nonslip material on rugs.
- (c) All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction.
- (ed) Stairways, inclines, ramps, open porches, and areas of potential hazard to clients whose balance or eyesight is poor shall not be used by clients unless such areas are well lighted and equipped with sturdy hand railings.
- (be) Bedrooms must meet, at a minimum, the following requirements: (Continued)
- (2) Bedrooms must be large enough to allow for easy passage and comfortable use of any required client assistive devices, including, but not limited to, ~~wheel-chairs~~ wheelchairs, walkers, or oxygen equipment, between beds and other items of furniture specified in ~~s~~Section 81088(ei). (Continued)
- (df) Facilities shall meet the following requirements in laundry areas: (Continued)
- (fg) The licensee shall have the authority to use a centralized service facility to provide laundry or food service to two or more licensed facilities if the use of the centralized facility does not result in a violation of ~~California Code of Regulations, title 22, division 6, chapter 1,~~ ~~s~~Section 801076 or ~~chapter 2,~~ ~~s~~Section 81088 and the licensing agency has issued prior written approval.
- (eh) There shall be space available in the facility to serve as an office for business, administration, and admission activities.
- (i) General permanent or portable storage space shall be available for the storage of facility equipment and supplies.

- (1) Facility equipment and supplies shall be stored in this space and shall not be stored in space used to meet other requirements specified in this Chapter.
- (j) All licensees serving clients who have physical handicaps, mental disorders, or developmental disabilities shall ensure the inaccessibility of pools, including swimming pools (in-ground and above-ground), fixed-in-place wading pools, hot tubs, spas, fish ponds or similar bodies of water through a pool cover or by surrounding the pool with a fence.
- (1) Fences shall be at least five feet high and shall be constructed so that the fence does not obscure the pool from view. The bottom and sides of the fence shall comply with Division 1, Appendix Chapter 4 of the 1994 Uniform Building Code. In addition to meeting all of the aforementioned requirements for fences, gates shall swing away from the pool, self-close and have a self-latching device located no more than six inches from the top of the gate. Pool covers shall be strong enough to completely support the weight of an adult and shall be placed on the pool and locked while the pool is not in use.
- (A) If licensed prior to June 1, 1995, facilities with existing pool fencing shall be exempt from the fence requirements specified in Section 81087(j)(1) until such fence is replaced or structurally altered. If the licensee replaces or alters the fence, the licensee shall be required to meet the fence requirements specified in Section 81087(j)(1).
- (2) Where an above-ground pool structure is used as the fence or where the fence is mounted on top of the pool structure, the pool shall be made inaccessible when not in use by removing or making the ladder inaccessible or erecting a barricade to prevent access to decking. If a barricade is used, the barricade shall meet the requirements of Section 81087(j)(1).
- (k) All in-ground pools and above-ground pools which cannot be emptied after each use shall have an operative pump and filtering system.
- (l) Disinfectants, cleaning solutions, poisons and other items that could pose a danger if readily available to clients shall be stored where inaccessible to clients.
- (1) Storage areas for poisons shall be locked.
- (gm) Notwithstanding Section 80087(h) 81087(l) above, firearms, weapons, and ammunition, assembled or unassembled, are shall not be permitted in the facility or on the facility property.
- (n) Medicines shall be stored as specified in section 81075 (j) and (k) and separately from other items specified in 81087(l).

- (o) The items specified in Section 81087(l) shall not be stored in food storage areas or in storage areas used by or for clients.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7) and 1531, Health and Safety Code.

Amend Section 81087.2 to read:

81087.2 OUTDOOR ACTIVITY SPACE (Continued)

81087.2

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501 and 1502(a)(7), Health and Safety Code.

Amend Section 81087.3 to read:

81087.3 INDOOR ACTIVITY SPACE (Continued)

81087.3

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections ~~5453~~ 5670 and ~~5458~~ 5671, Welfare and Institutions Code; Sections 1501 and 1502(a)(7), Health and Safety Code.

Amend Section 81088 to read:

81088 FIXTURES, FURNITURE, EQUIPMENT, AND SUPPLIES

81088

- (a) In addition to Section 80088, as a condition of licensure, the following shall apply. A comfortable temperature for clients shall be maintained at all areas.
- (1) The licensee shall maintain the temperature in rooms that clients occupy between a minimum of 68 degrees F (20 degrees C) and a maximum of 85 degrees F (30 degrees C).
- (A) In areas of extreme heat the maximum shall be 30 degrees F (16.6 degrees C) less than the outside temperature.
- (2) Nothing in this section shall prohibit clients from adjusting individual thermostatic controls.
- (b) All window screens shall be in good repair and be free of insects, dirt and other debris.
- (c) Fireplaces and open-faced heaters shall be made inaccessible to clients to ensure protection of the clients' safety.

HANDBOOK BEGINS HERE

The use of a fireplace screen or similar barrier will meet this requirement.

HANDBOOK ENDS HERE

- (d) The licensee shall provide lamps or lights as necessary in all rooms and other areas to ensure the comfort and safety of all persons in the facility.
- (e) Faucets used by clients for personal care such as shaving and grooming shall deliver hot water.
- (1) Hot water temperature controls shall be maintained to automatically regulate temperature of hot water delivered to plumbing fixtures used by clients to attain a hot water temperature of not less than 105 degrees F (40.5 degrees C) and not more than 120 degrees F (48.8 degrees C).
- (2) Taps delivering water at 125 degrees F (51.6 degrees C) or above shall be prominently identified by warning signs.
- (3) All toilets, hand washing and bathing facilities shall be maintained in safe and sanitary operating condition. Additional equipment, aids, and/or conveniences shall

be provided in facilities accommodating physically handicapped clients who need such items.

(f) Solid waste shall be stored, located and disposed of in a manner that will not transmit communicable diseases or odors, create a nuisance, or provide a breeding place or food source for insects or rodents.

(1) All containers, including movable bins, used for storage of solid wastes shall have tight-fitting covers that are kept on the containers; shall be in good repair and shall be leakproof and rodent-proof.

(2) Solid waste containers, including movable bins, receiving putrescible waste shall be emptied at least once per week or more often if necessary to comply with Section 81088(f) above.

(3) Each movable bin shall provide for suitable access and a drainage device to allow complete cleaning at the storage area.

(g) The licensee shall provide linens of various kinds necessary to meet the program of services being offered by the facility and the requirements specified in this Chapter.

(bh) (Continued)

(ei) (Continued)

(dj) (Continued)

(ek) (Continued)

(fl) (Continued)

(gm) (Continued)

(hn) (Continued)

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 5453 5670 and 5458 5671, Welfare and Institutions Code; Sections 1501, ~~and~~ 1502(a)(7) and 1531, Health and Safety Code.

Adopt Article 8 and Section 81090 to read:

Article 8. INCIDENTAL MEDICAL SERVICES

81090 HEALTH AND SAFETY SERVICES

81090

- (a) Waivers or exceptions will not be granted to accept or retain clients who have health conditions prohibited by Section 81091.
- (b) The Department may grant an exception allowing acceptance or retention of a client who has a medical or health condition not listed in Section 81092 if all of the following requirements are met:
 - (1) Either the condition is chronic and stable, or it is temporary in nature and is expected to return to a condition normal for that client.
 - (2) The client must be under the medical care of a licensed professional.
 - (3) The licensee has developed a plan of care for the client as specified in Sections 81068.2 and 81092.2.
 - (4) The client is able to care for all aspects of the condition for himself/herself or assistance in the care of the condition is provided either by an appropriately skilled and licensed professional or by facility staff who receive supervision and training from a licensed professional.
 - (A) Training shall include hands-on instruction in both general procedures and client-specific procedures.
 - (B) The licensee obtains from the licensed professional written documentation outlining the procedures and the names of facility staff who received the training.
 - (C) The licensee ensures that the licensed professional reviews staff performance as the licensed professional deems necessary, but at least once a year.
 - (5) The licensee agrees in writing to comply with all aspects of the client's care plans.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1507 and 1530, Health and Safety Code.

Adopt Section 81091 to read:

81091 PROHIBITED HEALTH CONDITIONS

81091

- (a) Clients who require health services or have a health condition including, but not limited to, those specified below shall not be admitted or retained.
- (1) Naso-gastric and naso-duodenal tubes.
 - (2) Active, communicable TB.
 - (3) Conditions that require 24-hour nursing care and/or monitoring.
 - (4) Stage 3 and 4 dermal ulcers.
 - (5) Any other condition or care requirements which would require the facility to be licensed as a health facility as defined by Sections 1202 and 1250 of the Health and Safety Code.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507, 1530, 1531 and 1557.5, Health and Safety Code.

Adopt Section 81092 to read:

81092 RESTRICTED HEALTH CONDITIONS

81092

HANDBOOK BEGINS HERE

Health and Safety Code section 1502(a) reads in pertinent part:

"Community care facility" means any facility, place, or building that is maintained and operated to provide nonmedical residential care, day treatment, [or] adult day care...

Clients who require nursing care and/or monitoring generally may not be in a social rehabilitation facility, though there are exceptions (e.g. hospice care).

HANDBOOK ENDS HERE

- (a) A licensee may accept or retain clients who have the conditions listed in this section only if all requirements of Article 8 are met.
- (b) Care for the following health conditions must be provided only as specified in Sections 81092.1 through 81092.11.
 - (1) Use of inhalation-assistive devices as specified in Section 81092.3.
 - (2) Colostomy/ileostomies as specified in Section 81092.4.
 - (3) Requirement for fecal impaction removal, enemas, suppositories only as specified in Section 81092.5.
 - (4) Use of catheters as specified in Section 81092.6.
 - (5) Staph or other serious, communicable infections as specified in Section 81092.7.
 - (6) Insulin-dependent Diabetes as specified in Section 81092.8.
 - (7) Stage 1 and 2 dermal ulcers as specified in Section 81092.9.
 - (8) Wounds as specified in Section 81092.9.
 - (9) Gastrostomies as specified in Section 81092.10.
 - (10) Tracheostomies as specified in Section 81092.11.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

Adopt Section 81092.1 to read:

81092.1 GENERAL REQUIREMENTS FOR RESTRICTED HEALTH CONDITIONS

81092.1

- (a) A client with a restricted health condition specified in Section 81092 may be admitted or retained if all requirements in Sections 81092.1(b) through (o) are met.
- (b) The licensee is willing to provide the needed care.
- (c) Care is provided as specified in this article.
- (d) Either the client's medical condition is chronic and stable, or is temporary in nature and is expected to return to a condition normal for that client.
- (e) The client must be under the medical care of a licensed professional.
- (f) Prior to admission of a client with a restricted health condition specified in Section 81092, the licensee shall:
 - (1) Communicate with all other persons who provide care to that client to ensure consistency of care for the medical condition.
 - (2) Ensure that facility staff who will participate in meeting the client's specialized care needs complete training provided by a licensed professional sufficient to meet those needs.
 - (A) Training shall include hands-on instruction in both general procedures and client-specific procedures.
- (g) All new facility staff who will participate in meeting the client's specialized care needs shall complete the training prior to providing services to the client.
- (h) The licensee shall ensure that facility staff receive instruction from the client's physician or other licensed professional to recognize objective symptoms observable by a lay person, and how to respond to that client's health problems, including who to contact.
- (i) The licensee shall monitor the client's ability to provide self-care for the restricted health condition, document any change in that ability, and inform the persons identified in Section 81092.2(a)(1) of that change.
- (j) Should the condition of the client change, all staff providing care and services shall complete any additional training required to meet the client's new needs, as determined by the client's physician or a licensed professional designated by the physician.

- (k) If the licensed health professional delegates routine care, the following requirements must be met for health conditions specified in Sections 81092.3, 81092.4 and 81092.6 through 81092.11:
- (1) The licensee shall obtain written documentation from the licensed professional outlining the procedures and the names of the facility staff who have been trained in those procedures.
 - (2) The licensee ensures that the licensed professional reviews staff performance as often as necessary, but at least annually.
- (l) All training shall be documented in the facility personnel files.
- (m) The licensee shall develop and maintain, as part of the Needs and Services Plan, a Restricted Health Condition Care Plan as specified in Section 81092.2.
- (1) The care plan shall neither require nor recommend that the licensee or any facility personnel or any other person providing care, other than a physician or licensed professional, implement any health care procedure that may legally be provided only by a physician or licensed professional.
- (n) The licensee shall ensure that the client's health-related service needs are met and shall follow the approved plan for each client.
- (o) The licensee shall document any significant occurrences that result in changes in the client's physical, mental and/or functional capabilities and report these changes to the client's physician and authorized representative.
- (p) The licensee shall demonstrate compliance with the restricted health condition care plan by maintaining in the facility all relevant documentation.
- (q) The licensee shall report any substantive deviation from the care plan to the client's authorized representative.
- (r) The duty established by this section does not infringe on a client's right to receive or reject medical care or services, as allowed in Section 81072.
- (1) If a client refuses medical services specified in the care plan, the licensee shall immediately notify all persons identified in Section 81092.2(a)(1) and shall participate in developing a plan for meeting the client's needs.
 - (2) If unable to meet the client's needs, the licensee shall issue an eviction notice as specified in Section 81068.5.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

Adopt Section 81092.2 to read:

81092.2 RESTRICTED HEALTH CONDITION CARE PLAN

81092.2

(a) If the licensee chooses to care for a client with a restricted health condition, as specified in Section 81092, the licensee shall develop and maintain, as part of the Needs and Services Plan, a written Restricted Health Condition Care Plan. The plan must include all of the following:

- (1) Documentation that the client and the client's authorized representative, if any, the client's physician or a licensed professional designated by the physician, and the placement agency, if any, participated in the development of the plan.
- (2) Documentation by the client's physician or a licensed professional designated by the physician, of the following:
 - (A) Stability of the medical condition.
 - (B) Medical conditions that require services or procedures.
 - (C) Specific services needed.
 - (D) Client's ability to perform the procedures.
 - (E) The client does not require 24-hour nursing care and/or monitoring.
- (3) Identification of a licensed professional who will perform procedures if the client needs medical assistance.
- (4) Identification of the person who will perform incidental medical assistance that does not require a licensed professional.
- (5) Name and telephone number of emergency medical contacts.
- (6) A date specified by the client's physician or designee, who is also a licensed professional, when the plan must be reviewed by all parties identified in Section 81092.2(a)(1).
- (7) A signed statement from the client's attending physician that the plan meets medical scope of practice requirements.
- (8) For clients of a placement agency, a signed statement from a representative of the placement agency that they have reviewed and approved the plan and that the placement agency will monitor implementation of the plan.

- (b) The Restricted Health Condition Care Plan shall neither require nor recommend that the licensee or any facility personnel or any other person providing care, other than a physician or licensed professional, implement any health care procedure that may legally be provided only by a physician or licensed professional.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

Adopt Section 81092.3 to read:

81092.3 INHALATION-ASSISTIVE DEVICES

81092.3

(a) A licensee may accept or retain a client who requires the use of an inhalation-assistive device if all of the following conditions are met:

(1) The licensee is in compliance with Section 81092.1.

(2) The licensee monitors the client's ongoing ability to operate and care for the device in accordance with the physician's instructions.

(3) The licensee ensures that either:

(A) The device is operated and cared for by a licensed professional when the client is unable to operate the device, or determine his/her own need.

(B) The device can legally be operated by an unlicensed person and is cared for by facility staff who receive training from a licensed professional as specified in Sections 81092.1(k) through (k)(2).

(4) The licensee ensures that:

(A) The device is functional.

(B) The device is removed from the facility when no longer prescribed for use by the client.

(5) The licensee ensures that the room containing the device is large enough both to accommodate it and to allow easy passage of clients and staff.

(6) The licensee ensures that facility staff have the knowledge of and ability to care for the device.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

Adopt Section 81092.4 to read:

81092.4 COLOSTOMY/ILEOSTOMY

81092.4

- (a) A licensee may accept or retain a client who has a colostomy or ileostomy if all of the following conditions are met:
- (1) The client is mentally and physically capable of providing all routine care for his/her ostomy, and the physician has documented that the ostomy is completely healed.
 - (2) A licensed professional provides assistance in the care of the ostomy.
 - (3) The licensee is in compliance with Section 81092.1.
 - (4) The licensee monitors the client's ongoing ability to provide care for his/her ostomy in accordance with the physician's instructions.
 - (5) The licensee ensures that:
 - (A) A licensed professional provides ostomy care when the client is unable to provide self-care.
 - (B) The ostomy bag and adhesive may be changed by facility staff who receive training from the licensed professional as specified in Sections 81092.1(k) through (k)(2).
 - (6) The licensee ensures that used bags are discarded as specified in Section 81088(f)(2).
 - (7) The licensee ensures privacy when ostomy care is provided.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

Adopt Section 81092.5 to read:

81092.5 FECAL IMPACTION REMOVAL, ENEMAS, OR SUPPOSITORIES 81092.5

- (a) A licensee may accept or retain a client who requires manual fecal impaction removal, enemas, or use of suppositories if all of the following conditions are met:
- (1) The licensee is in compliance with Section 81092.1.
 - (2) The licensee monitors the client's ongoing ability to provide his/her own routine care in accordance with the physician's instructions.
 - (3) The licensee ensures that a licensed professional administers the fecal impaction removal, the enemas, or suppositories when the client is unable to do so for himself/herself.
 - (4) The licensee ensures that a licensed professional performs manual fecal impaction removal whenever it is necessary.
 - (5) The licensee ensures privacy when care is being provided.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

Adopt Section 81092.6 to read:

81092.6 INDWELLING URINARY CATHETER/CATHETER PROCEDURE 81092.6

- (a) A licensee may accept or retain a client who requires an indwelling catheter if all of the following conditions are met:
- (1) The client is physically and mentally capable of caring for all aspects of the condition except insertion, removal and irrigation.
 - (A) Irrigation shall only be performed by a licensed professional in accordance with the physician's orders.
 - (B) Insertion and removal shall only be performed by a licensed professional.
 - (2) The licensee is in compliance with Section 81092.1.
 - (3) The licensee monitors the client's ongoing ability to care for his/her catheter in accordance with the physician's instructions.
 - (4) The licensee ensures that either catheter care is provided by a licensed professional when the client is unable to provide self-care, or the catheter bag and tubing are changed and bags are emptied by facility staff who receive training from the licensed professional as specified in Sections 81092.1(k) through (k)(2).
 - (5) The licensee ensures that insertion, removal and irrigation of the catheter, or any other required catheter care other than that specified in Section 81092.6(a)(4) are performed by a licensed professional.
 - (6) The licensee ensures that waste materials are disposed of as specified in Section 81088(f)(2).
 - (7) The licensee ensures privacy when care is provided.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

Adopt Section 81092.7 to read:

81092.7 STAPH OR OTHER SERIOUS, COMMUNICABLE INFECTIONS 81092.7

- (a) A licensee may accept or retain a client who has a staph or other serious communicable infection if all of the following conditions are met:
- (1) The licensee is in compliance with Section 81092.1.
 - (2) The licensee has obtained a statement from the client's physician that the infection is not a risk to other clients.
 - (3) The licensee monitors the client's ongoing ability to care for his/her own condition by complying with the instructions of the licensed professional who is managing the client's care.
 - (A) The licensed professional may delegate certain aspects of the care providing the facility staff responsible for providing the care receive training from a licensed professional as specified in Sections 81092.1(k) through (k)(2) prior to providing care.
 - (4) The licensee ensures that a licensed professional assesses the infection and evaluates the treatment at intervals set by the physician or a licensed professional designated by the physician.
 - (5) The licensee ensures that prior to providing care, staff are trained in and follow Universal Precautions and any other procedures recommended by the licensed professional for protection of the client who has the infection, other clients and staff.
 - (6) The licensee ensures that all aspects of care performed in the facility by the licensed professional and facility staff are documented in the client's file.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

Adopt Section 81092.8 to read:

81092.8 DIABETES

81092.8

(a) A licensee may accept or retain a client who has diabetes if all of the following conditions are met:

(1) The licensee is in compliance with Section 81092.1.

(2) The client is mentally and physically capable of administering his/her own medication and performing his/her own glucose testing if applicable, or a licensed professional administers the tests and injections.

(A) The licensed professional may delegate to trained facility staff glucose testing provided all of the following conditions are met:

1. The blood glucose-monitoring test is performed with a blood glucose-monitoring instrument that has been approved by the federal Food and Drug Administration for over-the-counter sale.

2. The licensee ensures that facility staff responsible for glucose testing receive training from a licensed professional as specified in Sections 81092.1(k) through (k)(2).

3. Facility staff comply with the instructions of the licensed professional regarding the performance of the test and the operation of the blood glucose-monitoring instrument.

4. Facility staff immediately notify the client's physician if the results are not within the normal range for the client.

5. The licensee ensures that the results of each blood glucose test performed by facility staff are documented and maintained in the client's record in the facility.

(3) The licensee ensures that sufficient amounts of medicines, testing equipment, syringes, needles, and other supplies are maintained and stored in the facility.

(4) The licensee ensures that injections are administered immediately after a syringe is filled unless the client is using prefilled syringes prepared by a registered nurse, pharmacist or drug manufacturer.

(5) The licensee ensures that syringes and needles are disposed of in accordance with California Code of Regulations, Title 8, Chapter 4, Subchapter 7, Group 16, Article 109, Section 5193.

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California Code of Regulations, Title 8, Section 5193(d)(3)(B) states:

Prohibited Practices.

1. Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
2. Contaminated sharps shall not be bent, recapped, or removed from devices. Exception: Contaminated sharps may be bent, recapped or removed from devices if: a. The employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure; and b. The procedure is performed using a mechanical device or a one-handed technique.
3. Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
4. Disposable sharps shall not be reused.
5. Broken Glassware. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.
6. The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.
7. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.
8. Mouth pipetting/suctioning of blood or OPIM is prohibited.
9. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
10. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.

California Code of Regulations, Title 8, Section 5193(d)(3)(C)2. states:

Immediately or as soon as possible after use, contaminated sharps shall be placed in containers meeting the requirements of subsection(d)(3)(D) as applicable.

California Code of Regulations, Title 8, Section 5193(d)(3)(D) provides:

1. Sharps containers shall be:
 - a. Rigid;
 - b. Puncture resistant;
 - c. Leak proof on the sides and bottom;
 - d. Portable, if portability is necessary to ensure easy access by the user as required by this section; and
 - e. Labeled in accordance with subsection (g)(1)(A)(2).
2. If discarded sharps are not to be reused, the sharps container shall also be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.

HANDBOOK ENDS HERE

- (6) The licensee provides a modified diet as prescribed by a client's physician, as specified in Section 81076(a)(6). Any substitutions shall be made by the facility dietitian or in consultation with a registered dietician or the client's physician or medical provider.
 - (7) The licensee ensures that all facility staff who provide care receive training in recognizing the signs and symptoms of hyperglycemia and hypoglycemia and in taking appropriate action for client safety.
- (b) For clients who provide self-care, the licensee shall:
- (1) Monitor the client's ongoing ability to perform his/her glucose testing and administer his/her medication in accordance with the physician's instructions.
 - (2) Assist clients with self-administered medication, as specified in Section 81075.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1531, Health and Safety Code.

Adopt Section 81092.9 to read:

81092.9 WOUNDS

81092.9

- (a) A licensee may accept or retain a client who has a serious wound if all of the following conditions are met:
- (1) The licensee is in compliance with Section 81092.1
 - (2) The wound is either an unhealed, surgically closed incision or wound, or determined by the physician or a licensed professional designated by the physician to be a Stage 1 or 2 dermal ulcer and is expected by the physician or designated professional to completely heal.
 - (3) The licensee ensures that a licensed professional in accordance with the physician's instructions provides the wound care.
 - (A) The licensed professional may delegate simple dressing to facility staff who receive training from a licensed professional as specified in Sections 81092.1(k) through (k)(2).
 - (4) The licensee ensures that a licensed professional assesses the wound at intervals set by the physician, or a licensed professional designated by the physician, to evaluate treatment and progress toward healing.
 - (5) The licensee ensures that all aspects of care performed by the licensed professional facility staff are documented in the client's file.
- (b) Non-serious wounds, which include but are not limited to minor cuts, punctures, lacerations, abrasions, and first-degree burns are not affected by this section.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

Adopt Section 81092.10 to read:

81092.10 GASTROSTOMY FEEDING, HYDRATION, AND CARE

81092.10

- (a) A licensee may accept or retain a client who requires gastrostomy care, feeding, and/or hydration if all of the following conditions are met:
- (1) The licensee is in compliance with Section 81092.1.
 - (2) The physician has documented that the gastrostomy is completely healed.
 - (3) The licensee monitors the client's ongoing ability to provide all routine feeding, hydration and care for his/her gastrostomy in accordance with the physician's instructions.
 - (4) The licensee ensures that gastrostomy feeding, hydration, medication administration through the gastrostomy, and stoma cleaning are provided by a licensed professional when the client is unable to provide his/her own feeding, hydration and care.
- (A) The licensed professional may delegate the following tasks to facility staff who receive training from a licensed professional as specified in Sections 81092.1(k) through (k)(2):
1. Gastrostomy feeding, hydration, and stoma cleaning.
 2. For routine medications, trained staff may add medication through the gastrostomy per physician's or nurse practitioner's orders.
 3. For PRN medications, trained staff may add medications through the gastrostomy in accordance with Sections 81075(b) through (e).

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

Adopt Section 81092.11 to read:

81092.11 TRACHEOSTOMIES

81092.11

- (a) A licensee may accept or retain a client who has a tracheostomy if all of the following conditions are met:
- (1) The licensee is in compliance with Section 81092.1.
 - (2) Either the client is mentally and physically capable of providing all routine care for his/her tracheostomy and the physician has documented that the tracheostomy opening (stoma) is completely healed, or assistance in the care of the tracheostomy is provided by a licensed professional.
 - (A) The licensed professional may delegate routine care for the tracheostomy to facility staff who receive supervision and training from the licensed professional as specified in Sections 81092.1(k) through (k)(2).
 - 1. Suctioning shall not be delegated to facility staff.
 - (3) The licensee monitors the client's ongoing ability to provide all routine care for his/her tracheostomy in accordance with the physician's instructions.
 - (4) The licensee ensures that tracheostomy care is provided by a licensed professional when the client is unable to provide self-care.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1502, 1507 and 1530, Health and Safety Code.

Adopt Section 81093 to read:

81093 DEPARTMENT REVIEW OF HEALTH-RELATED CONDITIONS 81093

- (a) The Department may review actual or suspected health-related conditions, including those specified in Section 81092 to determine if a client is appropriately placed in the facility and if the client's health-related needs are being met. The Department will inform the licensee that the client's health-related condition requires review and will specify documentation that the licensee shall submit to the Department.
- (1) Documentation includes, but is not limited to, the following:
- (A) Restricted Health Condition Care Plan, if applicable.
- (B) Needs and Services Plan.
- (C) Copies of prescriptions for medical services and/or medical equipment.
- (2) The licensee shall submit the documentation to the Department within 10 working days.
- (b) If the Department determines that the client has a restricted health condition, as specified in Section 81092, the licensee shall provide care to the client in accordance with conditions specified in Sections 81092.1 and applicable requirements in Sections 81092.3 through 81092.11. If the licensee is not able to provide adequate care, the client shall be relocated.
- (c) If the Department determines that the client has a prohibited health condition, as specified in Section 81091 or a health condition that cannot be cared for within the limits of the license or within the abilities of that specific facility, the Department will order relocation of the client as specified in Section 81094.
- (1) The notification to the licensee will include notice of all appeal rights, as specified in Section 81094.
- (d) This section does not entitle the licensee to a full evidentiary hearing, state hearing, or any other administrative review beyond that set forth in this section.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1507 and 1530, Health and Safety Code.

Adopt Section 81094 to read:

81094 HEALTH CONDITION RELOCATION ORDER

81094

- (a) The Department will order relocation of a client if the Department makes any of the following determinations:
 - (1) The client has a prohibited health condition, as specified in Section 81091.
 - (2) The licensee has not met all of the requirements in Sections 81092.1 and applicable requirements in Sections 81092.3 through 81092.11.
 - (3) The client has a health condition that cannot be cared for within the limits of the license or within the abilities of that specific facility.
- (b) The Department will give written notice to the licensee ordering the relocation of the client and informing the licensee of the client's right to an Interdisciplinary Team review of the relocation order.
 - (1) Concurrently the Department will give the notice of the health condition relocation order and information about the client's right to request review of the relocation order to the client. The Department will mail, by certified mail, or deliver a copy within one working day to the client's authorized representative, if any and responsible person.
 - (A) If the client has no authorized representative, as defined in Section 81001(a)(5), the relocation order shall be sent to the responsible person and representative payee, if any.
 - (2) The health condition relocation order will state the reason for the relocation order and cite the regulation(s) requiring the relocation.
 - (3) Upon receipt of the relocation order, the licensee shall prepare a written relocation plan in compliance with Section 81078.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1507, 1530, 1531 and 1556 Health and Safety Code.

Adopt Section 81094.5 to read:

81094.5 CLIENT'S REQUEST FOR REVIEW OF A HEALTH CONDITION 81094.5
RELOCATION ORDER BY THE INTERDISCIPLINARY TEAM (IDT)

- (a) A client or the client's authorized representative, if any, may request a review of the Department's health condition relocation order by the Interdisciplinary Team.
- (b) The client or the client's authorized representative, if any, has 10 working days from receipt of the relocation order to submit to the licensee a written, signed, and dated request for a review and determination by the Interdisciplinary Team.
 - (1) For purposes of this section, a working day is any day except Saturday, Sunday, or an official state holiday.
- (c) The licensee shall mail or deliver such a request to the Department within two (2) working days of receipt.
 - (1) Failure or refusal to do so may subject the licensee to civil penalties, as provided in Section 81054.
- (d) Within five working days of receipt by the Department of the request for review, the Department will give written notification to the licensee, client and the client's authorized representative, if any, acknowledging receipt of the client's request for review of the relocation order.
- (e) Within twenty (20) working days from the date of the client's review request, the licensee shall submit to the Department the documentation specified in this section to complete the client's review request.
 - (1) If the information is not received within twenty (20) days, the request for review shall be considered withdrawn, the licensee shall be notified, and the relocation plan will be implemented.
- (f) The licensee shall cooperate with the client and the client's authorized representative, if any, in gathering the documentation to complete the client's review request.
- (g) The documentation to complete the client's review request shall include, but not be limited to, the following:
 - (1) The reason(s) for disagreeing that the client has the health condition identified in the relocation order and why the client believes he/she may legally continue to remain in a community care facility.

- (2) Current health and functional capabilities assessments, as specified in Sections 81069 and 81069.2.
 - (A) For purposes of this section, "current" means a medical assessment completed on or after the date of the relocation order.
- (3) A written statement from any placement agency currently involved with the client addressing the relocation order.
- (h) The Department will inform the licensee, client and the client's authorized representative, if any, in writing, of the Interdisciplinary Team determination and the reason for that determination not more than 30 days after the Department's receipt of the information required in this section.
- (i) A client does not have a right to a review under this section in any of the following circumstances:
 - (1) A health condition relocation order has been issued under Section 81078(b)(6).
 - (2) A client has been evicted under Section 81068.5.
 - (3) A temporary suspension order has been issued under Section 81042.
- (j) This section does not entitle the client to a right to a state hearing or any other administrative review beyond that set forth in this section.

Authority Cited: Section 1530, Health and Safety Code.

Reference: Sections 1507, 1530 and 1556, Health and Safety Code.

REPEAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

EMERGENCY APPROVAL TO OPERATE

ISSUE DATE:

ISSUE NUMBER:

This certifies that _____ is
(APPLICANT'S NAME)
approved by the Department of Social Services, Community Care Licensing Division, to operate
a _____
(FACILITY TYPE)
located at _____
(ADDRESS) (CITY, STATE) (ZIP CODE)

This certificate will expire 60 days from the issue date or issuance of a provisional license or denial of a license.

The undersigned agrees to maintain and operate the facility in accordance with the laws and regulations governing the licensure of _____
(INSERT PROPER CATEGORY)

Failure to comply with these laws and regulations shall result in the denial of the application for license, the immediate termination of this certification and any provisional license issued for this facility.

(APPLICANT'S SIGNATURE)

DATE

(LICENSING PROGRAM MANAGER)

DATE

NAME AND ADDRESS OF LICENSING AGENCY

EMERGENCY APPROVAL TO OPERATE

ISSUE DATE:

ISSUE NUMBER:

This certifies that _____ is
(APPLICANT'S NAME)
approved by the Department of Social Services, Community Care Licensing Division, to operate
a _____
(FACILITY TYPE)

located at _____
(ADDRESS) (CITY, STATE) (ZIP CODE)

This certificate will expire 60 days from the issue date or issuance of a provisional license or denial of a license.

The undersigned agrees to maintain and operate the facility in accordance with the laws and regulations governing the licensure of _____
(INSERT PROPER CATEGORY)

Failure to comply with these laws and regulations shall result in the denial of the application for license, the immediate termination of this certification and any provisional license issued for this facility.

(APPLICANT'S SIGNATURE)

DATE

(REGIONAL MANAGER)

DATE

NAME AND ADDRESS OF LICENSING AGENCY

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2014-1216-03	REGULATORY ACTION NUMBER 2015-1228-015	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2015 DEC 28 A 9:10

OFFICE OF
ADMINISTRATIVE LAW

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

California Department of Social Services

For use by Secretary of State only

ORIGINAL

FILED

in the office of the Secretary of State
of the State of California

FEB 10 2016

At 1:32 O'Clock P M.

By *Alvin Stange*
Deputy Secretary of State

AGENCY FILE NUMBER (If any)

ORD # 0614-07

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2014, 52-2	PUBLICATION DATE 12/26/2014

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Family Child Care Home Capacity	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
---	--

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND Sections 102352, 102416.5, 102417, 102421
	REPEAL
TITLE(S) 22, MPP	

3. TYPE OF FILING

☒ Regular Rulemaking (Gov. Code §11346)	☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	☐ File & Print	☐ Print Only
☐ Emergency (Gov. Code, §11346.1(b))		☐ Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

15-Day Renotify, available from November 18, 2015 to December 2, 2015.

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

☒ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	☐ Effective on filing with Secretary of State	☐ \$100 Changes Without Regulatory Effect	☐ Effective other (Specify)
--	--	--	--

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) (SAM §6660)	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify) _____		

7. CONTACT PERSON

Oliver Chu

TELEPHONE NUMBER

(916) 657-3588

FAX NUMBER (Optional)

(916) 657-3286

E-MAIL ADDRESS (Optional)

oliver.chu@dss.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

Brian Dougherty, Deputy Director, Administration Division

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

FEB 10 2016

Office of Administrative Law

2015 DEC 10 10 10

Amend Section 102352 to read:

102352 DEFINITIONS
(Continued)

102352

(f) (1) (Continued)

(A) "Small Family Child Care Home" means a home that provides family child care for up to six children, or for up to eight children if the criteria in Section 102416.5(b) are met. These capacities include children under age 10 who ~~live~~ reside in at the licensee's home.

(B) "Large Family Child Care Home" means a home that provides family child care for up to 12 children, or for up to 14 children if the criteria in Section 102416.5(ed) are met. These capacities include children under age 10 who ~~live~~ reside in at the licensee's home and the assistant provider's children under age 10.

Authority cited: Section 1596.81, Health and Safety Code.

Reference: Sections 1596.74, 1596.75, 1596.77, 1596.770, 1596.78, 1596.791, ~~1596.81(b)~~, 1597.44, and 1597.465, Health and Safety Code; and Section 244, Government Code.

Amend Section 102416.5 to read:

102416.5 STAFFING RATIO AND CAPACITY

102416.5

- (a) The capacity specified on the license shall be the maximum number of children for whom care ~~can~~ may be provided at any one time.
- (b) For a ~~s~~Small ~~f~~Family ~~e~~Child ~~e~~Care ~~h~~Home, the maximum number of children for whom care shall may be provided at any one time, including children under age 10 who ~~live in~~ reside at the licensee's home, shall be one of the following:
 - (1) Four infants; or
 - (2) Six children, no more than three of whom may be infants; or
 - (3) More than six and up to eight children, without an additional adult attendant, only if the criteria in Section 1597.44 of the Health and Safety Code are met.

HANDBOOK BEGINS HERE

- ~~(3)~~ Health and Safety Code ~~S~~section 1597.44 states:

A small family day care home may provide care for more than six and up to eight children, without an additional adult attendant, if all of the following conditions are met:

- ~~(A)~~(a) At least ~~two of the children are~~ one child is enrolled in and attending kindergarten or elementary school and a second child is at least six years of age.
- ~~(B)~~(b) No more than two infants are cared for during any time when more than six children are cared for.
- ~~(C)~~(c) The licensee notifies each parent that the facility is caring for two additional schoolage children and that there may be up to seven or eight children in the home at one time.
- ~~(D)~~(d) The licensee obtains the written consent of the property owner when the family day care home is operated on property that is leased or rented.

HANDBOOK ENDS HERE

- (c) The total licensed capacity for a Small Family Child Care Home shall not exceed eight children.

- (ed) For a ~~H~~Large ~~f~~Family ~~e~~Child ~~e~~Care ~~h~~Home, the maximum number of children for whom care shall may be provided at any one time when there is an assistant provider in the home, including children under age 10 who ~~live in~~ reside at the licensee's home and the assistant provider's children under age 10, shall be either:

- (1) Twelve children, no more than four of whom may be infants; or
- (2) More than twelve and up to fourteen children only if the criteria in Section 1597.465 of the Health and Safety Code are met.

HANDBOOK BEGINS HERE

- (2) Health and Safety Code ~~S~~section 1597.465 states:

A large family day care home may provide care for more than 12 children and up to and including 14 children, if all of the following conditions are met:

- (A)(a) ~~At least two of the children are~~ one child is enrolled in and attending kindergarten or elementary school and a second child is at least six years of age.
- (B)(b) No more than three infants are cared for during any time when more than 12 children are being cared for.
- (C)(c) The licensee notifies a parent that the facility is caring for two additional schoolage children and that there may be up to 13 or 14 children in the home at one time.
- (D)(d) The licensee obtains the written consent of the property owner when the family day care home is operated on property that is leased or rented.

HANDBOOK ENDS HERE

- (e) If no assistant provider is present at a Large Family Child Care Home, then the licensee shall comply with the capacity requirements for a Small Family Child Care Home as specified in subsections (b) and (c).
- (f) The total licensed capacity for a Large Family Child Care Home shall not exceed fourteen children.
- (g) For the purpose of meeting the criteria in Sections 1597.44 and 1597.465 of the Health and Safety Code, for a school age child who is under age six, the licensee shall maintain documentation verifying the child's enrollment and attendance at kindergarten, including transitional kindergarten, or elementary school.

- (1) The documentation requirement shall be met by either of the following:
 - (A) Documentation from the school in which the child is enrolled and attending verifying the child's enrollment and attendance, or
 - (B) A signed and dated statement from the child's authorized representative verifying the child's enrollment and attendance.
- (2) The documentation and statement described in paragraph (1) shall include the name of the child, the name of the school the child is enrolled in and attending, the date of the child's enrollment and the date the child started attending the school.
- (3) The licensee shall obtain the documentation or statement described in paragraph (1) at the beginning of each school year, no later than 30 calendar days from the date the child begins attending school, until the child is six years of age. If a child enrolls in and begins attending school after the school year has commenced, then the licensee shall obtain the documentation or statement described in paragraph (1) upon enrollment or within 30 calendar days following the child's enrollment.
- (4) The documentation or statement described in paragraph (1) shall be maintained in the child's record pursuant to Section 102421.
- (h) For a Family Child Care Home that meets the criteria in Sections 1597.44 or 1597.465 of the Health and Safety Code to care for up to two additional children, the licensee shall maintain proof of parent notification in the child's record pursuant to Section 102421.
 - (1) For a Small Family Child Care Home that meets the criteria to care for up to two additional children, the licensee shall maintain proof of parent notification as specified in Section 1597.44(c) of the Health and Safety Code.
 - (2) For a Large Family Child Care Home that meets the criteria to care for up to two additional children, the licensee shall maintain proof of parent notification as specified in Section 1597.465(c) of the Health and Safety Code.
- (i) For the purpose of meeting the criteria in Sections 1597.44 and 1597.465 of the Health and Safety Code "school age child" means a child who meets one of the following criteria:
 - (1) Is enrolled in and attending kindergarten, including transitional kindergarten, or elementary school; or
 - (2) Is at least six years of age.

Authority cited: Section 1596.81, Health and Safety Code.

Reference: Sections 1596.78, 1597.44, and 1597.465, ~~and 1597.57~~, Health and Safety Code.

Amend Section 102417 to read:

102417 OPERATION OF A FAMILY CHILD CARE HOME
(Continued)

102417

- (o) The licensee shall maintain documentation of proof of control of property at the fFamily eChild eCare hHome for review by the Department.
- (1) If the licensee owns or is buying the home, this "proof of control of property" is a copy of the property deed, the property tax statement, or a payment coupon from the mortgage company or bank.
- (2) If the licensee is operating on rented or leased property, this "proof of control of property" is a copy of the rental agreement or lease.
- (p) A prospective Family Child Care Home licensee who resides in a rental property shall provide written notice of intent to operate a Family Child Care Home to the landlord or owner of the rental property prior to the commencement of operation of the Family Child Care Home in accordance with Section 1597.40(d) of the Health and Safety Code. The licensee shall maintain proof of this notification at the Family Child Care Home for review by the Department.
- (1) The licensee shall provide the landlord or owner of the rental property with a completed LIC 9151 (Rev. 8/14) Property Owner/Landlord Notification, which is incorporated by reference, for this purpose and maintain a copy of the completed form at the Family Child Care Home for review by the Department.

HANDBOOK BEGINS HERE

Health and Safety Code section 1597.40(d) states:

- (1) A prospective family day care home provider, who resides in a rental property, shall provide 30 days' written notice to the landlord or owner of the rental property prior to the commencement of operation of the family day care home.
- (2) For family day care home providers who have relocated an existing licensed family day care home program to a rental property on or after January 1, 1997, less than 30 days' written notice may be provided in cases where the department approves the operation of the new location of the family day care home in less than 30 days, or the home is licensed in less than 30 days, in order that service to the children served in the former location not be interrupted.
- (3) A family day care home provider in operation on rental or

leased property as of January 1, 1997, shall notify the landlord or property owner in writing at the time of the annual license fee renewal, or by March 31, 1997, whichever occurs later.

- (4) Notwithstanding any other provision of law, upon commencement of, or knowledge of, the operation of a family day care home on his or her property, the landlord or property owner may require the family day care home provider to pay an increased security deposit for operation of the family day care home. The increase in deposit may be required notwithstanding that a lesser amount is required of tenants who do not operate family day care homes. In no event, however, shall the total security deposit charged exceed the maximum allowable under existing law.

- (5) Section 1596.890 shall not apply to this subdivision.

HANDBOOK ENDS HERE

(pq) A licensee who operates on rented or leased property, and who wishes to increase the capacity of the ~~f~~Family ~~e~~Child ~~e~~Care ~~h~~Home as specified in Section 102416.5(b)(3) or Section 102416.5(~~e~~)(~~4~~2), shall obtain the written consent of the property owner/landlord to increase the home's capacity to eight or 14 children.

- (1) The licensee shall maintain the original of the completed and signed LIC 9149 (Rev. 8/14) Property Owner/Landlord eConsent, which is incorporated by reference, ~~form shall be~~ attached to the ~~f~~Family ~~e~~Child ~~e~~Care ~~h~~Home's license and kept on file in the home.

(qr) A signed and dated copy of LIC 9052 (Rev. 4/88), Notice of Employee Rights, shall be maintained in the employee's personnel record.

(rs) Upon notice from the Department to remove an individual from the home, pursuant to Health and Safety Code Section 1596.871(c)(2), or to exclude an individual from the home, pursuant to Health and Safety Code Section 1596.8897, the licensee shall;

- (1) (Continued)

- (3) Obtain a signed and dated receipt from one parent or authorized representative that acknowledges that he/she was given a copy of the addendum specified in Section 102417(~~rs~~)(2).

- (4) Maintain copies of the signed and dated receipt required in Section 102417(~~rs~~)(3) in each child's file. Copies shall be made available to the Department upon request.

Authority cited: Section 1596.81, Health and Safety Code.

Reference: Sections ~~1596.72, 1596.73~~, 1596.78, ~~1596.81(b)~~, 1596.841, 1596.846(b) and (c), 1596.871(c)(2), 1596.880, 1596.881, 1596.882, 1596.8897, 1597.30, 1597.40, 1597.44, 1597.45, 1597.46, 1597.465, 1597.531 and 1597.54(b)(2), Health and Safety Code.

Amend Section 102421 to read:

102421 CHILD'S RECORDS

102421

- (a) The licensee shall maintain, in each child's record, the signed and dated notice form required in Section 102419(d).
 - (1) The licensee shall ~~kept~~ keep the signed and dated notice form for at least three years following termination of service to the child.
- (b) The licensee shall maintain, in each child's record, a copy of the emergency information card as required in Section 102417(g)(7).
- (c) In any case in which the licensee cares for an additional child pursuant to Section 102416.5(b) for a Small Family Child Care Home or Section 102416.5(d) for a Large Family Child Care Home, the licensee shall maintain, in the child's record, a copy of documentation verifying the child's enrollment and attendance at kindergarten, including transitional kindergarten, or elementary school as required in Section 102416.5(g).
- (d) In any case in which the licensee cares for an additional child pursuant to Section 102416.5(b) for a Small Family Child Care Home or Section 102416.5(d) for a Large Family Child Care Home, the licensee shall maintain, in the child's record, proof of parent notification that the facility is caring for an additional child as required in Section 102416.5(h).
 - (1) The licensee shall maintain a completed and signed LIC 9150 (Rev. 8/14) Parental Notification Additional Children in Care, which is incorporated by reference, for this purpose.
- (e)(e) In any case in which a licensee releases a minor to a peace officer pursuant to Section 305 of the Welfare and Institutions Code, the licensee shall provide the peace officer with the address and telephone number of the minor's parent or authorized representative in order to enable the peace officer to make the notification required by Section 308 of the Welfare and Institutions Code

Authority cited: Section 1596.81, Health and Safety Code.

Reference: Sections ~~1596.72, 1596.73, 1596.78, 1596.857, 1596.872, 1596.876, and 1597.30, 1597.44 and 1597.465,~~ Health and Safety Code.

adopt**PROPERTY OWNER/LANDLORD CONSENT****FAMILY CHILD CARE HOME**

Health and Safety Code, Sections 1597.44(d) and 1597.465(d) require, in part, that providers who lease or rent their residence obtain written consent from their property owner when they plan to provide care for more than six and up to eight children at a Small Family Child Care Home, or for more than 12 and up to 14 children at a Large Family Child Care Home. If you plan to increase the capacity of your Family Child Care Home, as specified, please have your property owner complete this consent form.*

I _____ give my consent for
(PRINT PROPERTY OWNER/LANDLORD NAME)

_____ who resides at
(PRINT APPLICANT/LICENSEE'S NAME)

_____ to increase the
(PRINT FACILITY ADDRESS)

CHECK ONE:

☐ Small Family Child Care Home capacity to provide care for more than 6 and up to 8 children.

or

☐ Large Family Child Care Home capacity to provide care for more than 12 and up to 14 children.

(PROPERTY OWNER/LANDLORD SIGNATURE) (DATE)

*Property owner consent is not required if you plan to care for 6 or fewer children in your Small Family Child Care Home or for 12 or fewer children in your Large Family Child Care Home.

**Maintain this form attached to the license and
keep on file at the licensed Family Child Care Home.**

adopt

**PARENT NOTIFICATION
ADDITIONAL CHILDREN IN CARE**

As required by Health and Safety Code Sections 1597.44(c) and 1597.465(c), you are hereby notified that: *(Check one)*

- [] I am licensed as a Small Family Child Care Home and may provide care for more than six and up to eight children when one child is enrolled in and attending kindergarten (including transitional kindergarten) or elementary school, and another child is at least six years old, and no more than two infants are in care.
- [] I am licensed as a Large Family Child Care Home, and with an assistant provider, may provide care for more than 12 and up to 14 children when one child is enrolled in and attending kindergarten (including transitional kindergarten) or elementary school, and another child is at least six years old, and no more than three infants are in care.

(PRINT FACILITY ADDRESS)

(CUT ALONG DOTTED LINE)

**RECEIPT OF PARENT NOTIFICATION (Facility Copy)
Additional Children in Care**

I, _____, acknowledge receipt of the notification that this Small Family Child Care Home may be providing care for more than six and up to eight children, or that this Large Family Child Care Home may be providing care for more than 12 and up to 14 children in accordance with Health and Safety Code Sections 1597.44 and 1597.465.

(PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE)

(DATE)

(CHILD'S NAME)

**Maintain the completed and signed bottom half of this form in the child's record
and provide the completed top half of this form to the child's parent or authorized representative.**

adopt**PROPERTY OWNER/LANDLORD NOTIFICATION****FAMILY CHILD CARE HOME**

As required by Health and Safety Code Section 1597.40(d), you are hereby notified as the property owner or landlord of the property located at:

_____ that
(PRINT FACILITY ADDRESS)

_____ is currently or will be
(PRINT APPLICANT'S/LICENSEE'S NAME)

operating a licensed Family Child Care Home at this address.

The sole purpose of this notice is to advise you of the current use or intended use of the above property. The property owner/landlord is prohibited by law from imposing any direct or indirect restrictions on, or prohibitions against, the tenant's operation of the Family Child Care Home on the rental property, in accordance with Health and Safety Code Section 1597.40.

(APPLICANT/LICENSEE SIGNATURE)

(DATE)

Maintain a copy of this completed form on file at the licensed Family Child Care Home.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2014-1003-01	REGULATORY ACTION NUMBER 2016-0318-025R	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2016 MAR 18 A 10:56

OFFICE OF
ADMINISTRATIVE LAW

ORIGINAL

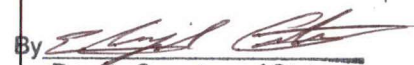
For use by Secretary of State only

FILED

in the office of the Secretary of State
of the State of California

MAY 02 2016

At 1:43 O'Clock P. M.

By 
Deputy Secretary of State

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

California Department of Social Services

AGENCY FILE NUMBER (If any)

ORD # 0713-06

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)		FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed ☐ Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn			NOTICE REGISTER NUMBER 2014, 42-2	PUBLICATION DATE 10/17/2014

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Kinship Guardianship (Kin-GAP) Minor/Nonminor Former Dependents	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2015-1002-025
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT	Sections 45-102, 45-600, 45-601, 45-602, 45-604, 45-605, 45-606, 45-607
	AMEND	Sections 31-002, 31-003, 31-075, 31-201, 31-205, 31-206, 31-225, 31-425, 31-503, 90-101
	REPEAL	
TITLE(S) MPP		

3. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code §11346)	☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	☐ Emergency Readopt (Gov. Code, §11346.1(h))	☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☒ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)		☐ File & Print	☐ Print Only
☐ Emergency (Gov. Code, §11346.1(b))	☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	☐ Other (Specify)	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

February 25, 2016 to March 10, 2016 ; **August 7, 2015 to August 21, 2015** per agency request **5/2/16TH**

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

☒ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	☐ Effective on filing with Secretary of State	☐ \$100 Changes Without Regulatory Effect	☐ Effective other (Specify)
--	--	--	--

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) (SAM §6660) per agency request	☐ Fair Political Practices Commission	☐ State Fire Marshal
☐ Other (Specify)		

7. CONTACT PERSON Oliver Chu	TELEPHONE NUMBER (916) 657-3588	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) oliver.chu@dss.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

Brian Dougherty, Deputy Director, Administration Division

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAY 02 2016

Office of Administrative Law

Amend Section 31-002 to read:

31-002 DEFINITIONS

31-002

(a) (1) (Continued)

(g) (1) (Continued)

- (3) "Guardian" means a person appointed by the superior court pursuant to the provisions of Probate Code §section 1514, or appointed by the juvenile court pursuant to the provisions of Welfare and Institutions Code §sections 360, 366.26, or 728(d).

HANDBOOK BEGINS HERE

- (A) See Section 31-002(k)(3) for a definition of "kinship guardian."

HANDBOOK ENDS HERE

(k) (1) (Continued)

- (3) "Kinship guardian," as defined by Welfare and Institutions Code sections 11362(b) and 11391(b), means a person who meets both of the following requirements:

(A) The person has been appointed the legal guardian of a dependent child of the juvenile court pursuant to Welfare and Institutions Code sections 366.26 or 360, or the legal guardian of a ward of the juvenile court pursuant to Welfare and Institutions Code section 728(d); and

(B) The person is a relative of the child.

- (4) "Kinship Guardianship Assistance Payment (Kin-GAP)," as defined by Welfare and Institutions Code sections 11362(a) and 11391(a), means the financial assistance provided on behalf of a child or nonminor former dependent eligible to receive assistance under the federal or nonfederal Kin-GAP program.

(l) (1) (Continued)

- (n) (3) "Nonminor former dependent" means, on and after January 1, 2012, either of the following pursuant to Welfare and Institutions Code section 11400(aa):

(A) A person who reached 18 years of age while subject to an order for foster care placement, and for whom dependency, delinquency, or transition jurisdiction has been terminated, and who is still under the general jurisdiction of the court; or

(B) A person who is at least 18 years of age, up to and including the day prior to his or her 21st birthday, who was a dependent child or ward of the juvenile court when the guardianship was established pursuant to Welfare and Institutions Code sections 360, 366.26 or 728(d) and the juvenile court dependency or wardship was dismissed following the establishment of the guardianship.

(n) (34) (Continued)

(r) (5) "Relative" means an adult who is related to the child by blood, adoption, or affinity within the fifth degree of kinship, including ~~step-parents~~ stepparents, ~~step-siblings~~ stepsiblings, and all relatives whose status is preceded by the words "step," "great," "great-great," or "grand," or the spouse of any of these persons, even if the marriage was terminated by death or dissolution. For the purposes of preferential consideration for placement of a child, "relative" means an adult who is a grandparent, aunt, uncle, or sibling of the child.

(A) For the purposes of federal Kin-GAP only, "relative" also means any of the adults specified in Welfare and Institutions Code sections 11391(c) and (c)(2) through (c)(4).

HANDBOOK BEGINS HERE

(B) Welfare and Institutions Code sections 11391(c) and (c)(2) through (c)(4) provide:

"(c) "Relative," . . . means any of the following [for the purposes of federal Kin-GAP only]:

. . . (2) An adult who meets the definition of an approved, nonrelated extended family member, as described in Section 362.7.

(3) An adult who is either a member of the Indian child's tribe, or an Indian custodian, as defined in Section 1903(6) of Title 25 of the United States Code.

(4) An adult who is the current foster parent of a child under the juvenile court's jurisdiction, who has established a significant and family-like relationship with the child, and the child and the county child welfare agency, probation department, Indian tribe, consortium of tribes, or tribal organization that has entered into an agreement pursuant to Section 10553.1 identify this adult as the child's permanent connection."

HANDBOOK ENDS HERE

(r) (6) (Continued)

- (v) (2) "Voluntary placement" means a placement described by Welfare and Institutions Code Section 11400(n).

HANDBOOK BEGINS HERE

- (A) Welfare and Institutions Code section 11400(o) provides:

"Voluntary placement" means an out-of-home placement of a child by (1) the county welfare department, probation department, or Indian tribe that has entered into an agreement pursuant to Section 10553.1, after the parents or guardians have requested the assistance of the county welfare department and have signed a voluntary placement agreement; or (2) the county welfare department licensed public or private adoption agency, or the department acting as an adoption agency, after the parents have requested the assistance of either the county welfare department, the licensed public or private adoption agency, or the department acting as an adoption agency for the purpose of adoption planning, and have signed a voluntary placement agreement."

HANDBOOK ENDS HERE

- (3) "Voluntary placement agreement" means the agreement described by Welfare and Institutions Code Section 11400(op).

HANDBOOK BEGINS HERE

- (A) Welfare and Institutions Code section 11400(p) provides:

"Voluntary placement agreement" means a written agreement between either the county welfare department, probation department, or Indian tribe that has entered into an agreement pursuant to Section 10553.1, licensed public or private adoption agency, or the department acting as an adoption agency, and the parents or guardians of a child that specifies, at a minimum, the following:

- (1) The legal status of the child.
- (2) The rights and obligations of the parents or guardians, the child, and the agency in which the child is placed."

HANDBOOK ENDS HERE

- (w) (Continued)

Authority cited: Sections 10553, 10554, and 10850.4, Welfare and Institutions Code and Assembly Bill 1695, Section 21.

Reference: Sections 300, 300(c), 300(e), 306(b), 309(d) 319, 319(f), 727, 11402, and 16507.5(b) (as amended by AB 1695, Chapter 653, Statutes of 2001), 360, 361, 361.2, 361.2(h), 361.3, 361.3(a)(8), 362.7, 366.22, 366.26, 366.3(e)(4) and (e)(8), 391, 636.1(c), 706.6(o), 727, 727.2, 728(d), 4094, 4094.5, 4094.6, 4094.7, 5585.58, 5600.3, 10553, 10554, 10850.4, 11100, 11105, 11155.5, 11362(a) and (b), 11391(a) through (d), 11400(aa), 11400(a), 11400(o) and (p), 11400(v), 11402, 11404, 11467.1, 16001.5, 16001.9, 16010, and 16501, 16501(a)(3), 16501.1(f)(7), 16503, 16504, 16506, 16506(c), 16507.5(b), 16516.5, 16520, 16521, 17736, and 18951(d), Welfare and Institutions Code; Section 11165 et seq., Penal Code; Section 265, Civil Code; 42 U.S.C. Section 675; Sections 1502, 1502(a)(8), 1522, 1522.06, and 1530.8, Health and Safety Code; 42 U.S.C. Sections 673(d), and 675(5) and (8)(B); Sections 7002, 7901, 7911, 7911.1, and 7912, Family Code; Public Law 105-89 (Adoption and Safe Families Act of 1977); and Rule 5.552 of the California Rules of Court.

Amend Section 31-003 to read:

31-003 DEFINITIONS – FORMS

31-003

(a) (Continued)

(k) (1) KG 1 (12/11) Kin-GAP Mutual Agreement for 18 Year Olds, hereby incorporated by reference, is used for the purpose of obtaining an 18-year-old person's agreement to remain in the Kin-GAP Program after his or her 18th birthday, in accordance with the age requirements of Manual of Policies and Procedures section 45-602.313.

(2) KG 3 (12/11) Kin-GAP Mutual Agreement for Nonminor Former Dependents, hereby incorporated by reference, is used to obtain the nonminor former dependent's agreement to remain in the Kin-GAP Program after his or her 18th birthday, in accordance with the age requirements of Manual of Policy and Procedures section 45-602.313.

(l) (Continued)

(s) (1) SOC 369 (12/10) Agency-Relative Guardianship Disclosure, hereby incorporated by reference, is used for the purpose of informing a prospective kinship guardian of the funding and program options available when choosing to take legal guardianship of a related foster child. This form, which is used in conjunction with the SOC 369A, constitutes the written agreement that memorializes the terms, conditions, rights, responsibilities and agreements reached between the county child welfare agency, the probation department, or the Title IV-E agreement tribe and the relative prior to the establishment of a kinship guardianship. The SOC 369A amends and supplements the SOC 369.

(2) SOC 369A (7/15) Kinship Guardianship Assistance Payment (Kin-GAP) Program Agreement Amendment, hereby incorporated by reference, is used for the purpose of amending and supplementing the SOC 369 to memorialize the terms, conditions, rights, responsibilities and agreements reached between the county child welfare agency, the probation department, or the Title IV-E agreement tribe and the kinship guardian. In conjunction with the SOC 369, this form implements the state and federal requirement that there be a written, binding agreement with the kinship guardian stipulating, among other things, the Kin-GAP rate of payment and the manner in which the payment can be renegotiated based upon the needs of the child and the circumstances of the kinship guardian. Thus, the SOC 369A form is used both to establish the Kin-GAP rate of payment at the initiation of the case and, as necessary, to amend the initial agreement after the Kin-GAP case has been established.

(31) (Continued)

(42) (Continued)

(53) (Continued)

(64) (Continued)

(w) (Continued)

Authority cited: Sections 10553, 10554, and 10850.4, Welfare and Institutions Code.

Reference: *Gomez v. Saenz* Settlement Agreement and Court Order, Case No: BC284896; Section 11169, Penal Code and Sections 827, ~~and~~ 10850.4, 11363(d), 11364(a) and (b), 11386(h), 11387(a) and (b), 11400(u), 11403(b), 11403.01, Welfare and Institutions Code; and 42 U.S.C. Section 5106.

Amend Section 31-075 to read:

31-075 CASE RECORDS

31-075

- .1 (Continued)
- .2 Case records shall be retained at a minimum of three years in accordance with Manual of Policies and Procedures §section 23-353.

HANDBOOK BEGINS HERE

- .21 Manual of Policies and Procedures section 23-353 provides in pertinent part:

"The general statute in California (Welfare and Institutions Code section 10851) requires that public social services records (aid and services) be maintained for three years from the last date of aid or services...Federal law (45 CFR 74.20) requires that case records which provide the basis for fiscal claims are to be retained for three years, starting on the day the state submits the last expenditure report to HHS for the period

Under these requirements, counties shall insure that records needed to prove eligibility may not be destroyed unless three years have passed from the date the last state expenditure report was made to HHS for the period in which such records were last used to document eligibility."

HANDBOOK ENDS HERE

- .22 The case record of a child eligible to receive Kin-GAP payments, including the child's Kin-GAP eligibility case file records as specified in Manual of Policies and Procedures sections 45-604 and 45-605, shall be retained for a minimum of three years from the last date of Kin-GAP aid in accordance with the Manual of Policies and Procedures section 23-353.

HANDBOOK BEGINS HERE

- .243 (Continued)

HANDBOOK ENDS HERE

- .3 (Continued)

- (h) (Continued)

(3) For a child for whom the permanency plan is a kinship guardianship, documentation of the assessment information specified in Sections 31-205(h) through 31-205(h)(4).

(i) (Continued)

(v) For a child for whom the permanency plan is a kinship guardianship, documentation of the appointment of a kinship guardianship for the child, which shall include the court order establishing the kinship guardianship, or the letters of guardianship; and the court order terminating dependency or wardship.

(vw) (Continued)

Authority cited: Sections 10553, 10554, 16002, and 16501, Welfare and Institutions Code and Assembly Bill 1695, Section 21.

Reference: Sections 319, 361.3, 361.5, and 366.21 (as amended by Assembly Bill 1544, Chapter 793, Statutes of 1997), 366.26(c), 10851, 11363(a)(3) and (a)(4), 11386(d) and (e), 16002, 16501, and Sections 309(d), 319, 361.2, 727, 11402, and 16507.5(b), (as amended by Assembly Bill 1695, Chapter 653, Statutes of 2001), Welfare and Institutions Code; 45 C.F.R. 74.20; 45 C.F.R. 1356.21(d); and Section 11170(b), Penal Code.

Amend Section 31-201 to read:

31-201 ASSESSMENT AND CASE PLANNING PROCESS

31-201

.1 (Continued)

.12 (Continued)

.121 (Continued)

(c) (Continued)

(3) (Continued)

(B) (Continued)

HANDBOOK BEGINS HERE

1. Welfare and Institutions Code Section 361.3 specifies that all relative caregivers must be assessed by a specific set of criteria that includes the safety of the home, the character of the relative, and the ability to provide permanency for the child, among other elements. Welfare and Institutions Code section 309(d) also specifies that all relative caregivers must be assessed for suitability, including obtaining criminal background and child abuse index checks. Welfare and Institutions Code section 361.4 describes criminal background and child abuse index checks in more detail. All of the information required for an This assessment provides the foundation for determining whether or not guardianship with the relative is appropriate and in the child's best interest.
2. ~~To provide assistance in meeting the assessment criteria in Welfare and Institutions Code Section 361.3, CDSS issued guidelines to counties on March 1, 1999 pursuant to Welfare and Institutions Code Section 16501.1(i). Those guidelines were distributed to the counties via All County Information Notice I-18-99.~~

2. For more information about the relative approval process, please see the Children and Family Services Division web page on the CDSS website at www.dss.cahwnet.gov. There are links to kinship care topics, including access to relevant All-County Letters and Information Notices.

HANDBOOK ENDS HERE

Authority cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code.

Reference: Sections 358.1(e) and 361 (as added by Assembly Bill 1544, Chapter 793, Statutes of 1997), 361.5, 366.23, 16501, 16501.1 (as added by Assembly Bill 1544, Chapter 793, Statutes of 1997), 16501.1(f), 16506, 16507, and 16508, Welfare and Institutions Code; Sections 8714.5 and 8714.7 (as added by Assembly Bill 1544, Chapter 793, Statutes of 1997), Family Code.

Amend Section 31-205 to read:

31-205 ASSESSMENT DOCUMENTATION

31-205

.1 (Continued)

(h) If family reunification services are not recommended, and the permanency plan for the child is a kinship guardianship, the following:

- (1) Being returned home or adopted are not appropriate permanency options for the child.
- (2) The child demonstrates a strong attachment to the prospective kinship guardian.
- (3) The kinship guardian has a strong commitment to caring permanently for the child.
- (4) A child over 12 years of age has been consulted about the proposed kinship guardianship arrangements.

(A) If the child's age or physical, emotional or other condition prevents the child from giving a meaningful response, a description of the child's condition.

~~(hi)~~ (Continued)

~~(ij)~~ (Continued)

~~(jk)~~ (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 361, 361.5, 361.5(g), 366.21(c), (i) and (f), 4094, 4094.5, 4094.6, 4094.7, 5585.58, 5600.3, 11467.1, 16501, 16501(e), 16501.1(e)(9), and 16507, Welfare and Institutions Code; 42 U.S.C. Sections 673(d), 675(1) and 677, and Sections 1502 and 1502(a)(8), Health and Safety Code.

Amend Section 31-206 to read:

31-206 CASE PLAN DOCUMENTATION
(Continued)

31-206

.3 (Continued)

HANDBOOK BEGINS HERE

.317 (Continued)

HANDBOOK ENDS HERE

.31 (Continued)

.317 For a child for whom the permanency plan is a kinship guardianship, the case plan shall include the following:

- (a) A description of the steps that the agency has taken to determine that it is not appropriate for the child to be returned home or adopted.
- (b) The reason(s) for any separation of siblings during placement, as also required by Section 31-206.311.
- (c) The reason(s) why a permanent placement with the prospective kinship guardian through a kinship guardianship assistance arrangement is in the child's best interests, as contained in the assessment documentation required in Section 31-205(h).
- (d) The ways in which the child meets the eligibility requirements for Kin-GAP, as specified in Manual of Policies and Procedures section 45-600 et seq.
- (e) The efforts the agency has made to discuss adoption by the child's relative caregiver as a more permanent alternative to legal guardianship; and, in the case of a relative caregiver who has chosen not to pursue adoption, the reason(s) for that decision.
- (f) The efforts the agency has made to discuss the kinship guardianship assistance arrangement with the child's parent(s), or the reason(s) why such efforts were not made. (Continued)

Authority cited: Sections 10553, 10554, and 16501.1, Welfare and Institutions Code; and Section 17552, Family Code; and Public Law 109-288.

Reference: Sections 358.1(e), 361, 361(b), 361.5, 361.5(g), 358.1(d), 366.1(f), 366.21(c), (f) and (i), 366.22(c), 366.25(b), 706.5, 706.6, 727.3, 4094, 4094.5, 4094.6, 4094.7, 5585.58, 5600.3, 16002, 16501, 16501.1(e) and (f), and 16507, Welfare and Institutions Code; 42 U.S.C. Sections 671(a)(31), 675(1) and 677; Sections 7901, 7911, 7911.1, 7912, and 17552, Family Code; and Sections 1502 and 1502(a)(8), Health and Safety Code; and Public Law 109-288.

Amend Section 31-225 to read:

31-225 CASE PLAN UPDATE DOCUMENTATION

31-225

.1 (Continued)

.17 For a child for whom the permanency plan is a kinship guardianship, all of the information required in Sections 31-206.317(a) through (f).

.2 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 361 and 361.5 (as amended by Assembly Bill 1544, Chapter 793, Statutes of 1997) and 16501.1(d), Welfare and Institutions Code; and 42 U.S.C. Section 675(1).

Amend Section 31-425 to read:

31-425 PERMANENT PLACEMENT

31-425

.1 (Continued)

.4 When it is anticipated that the permanent placement for a child will be a kinship guardianship, the relative caregiver shall be provided with the following information:

.41 Written information on the availability of the Kin-GAP program, including an explanation of the difference between Kin-GAP and Adoption Assistance Program benefits, and between Kin-GAP and AFDC-FC benefits, as specified in Welfare and Institutions Code sections 11364(e) and 11387(e).

HANDBOOK BEGINS HERE

.412 Providing the relative caregiver with a copy of both the SOC 369 form and the SOC 369A form, as required in Section 31-425.42, will help counties meet the requirement in Section 31-425.41. Two other resources available to help counties meet the requirement in Section 31-425.41 are: 1) PUB 344, *Giving a Child a Permanent Home—Choices for Relatives*, available in both English (www.cdss.ca.gov/cdssweb/entres/forms/English/pub344.pdf) and Spanish (www.cdss.ca.gov/cdssweb/entres/forms/Spanish/PUB344SP.pdf); and 2) *A Guide to Permanency Options for Youth* (<http://calswec.berkeley.edu/training-resource-permanency-planning-options>).

HANDBOOK ENDS HERE

.42 Prior to the establishment of a kinship guardianship and the termination of the child's dependency or wardship, a copy of and an explanation of both the SOC 369 form and the SOC 369A form.

.43 Information on the availability of mental health services through Medi-Cal or other programs, as specified in Welfare and Institutions Code sections 11364(e) and 11387(e).

.44 Information on access to medically necessary specialty mental health services pursuant to Welfare and Institutions Code section 11376.

HANDBOOK BEGINS HERE

.441 Welfare and Institutions Code section 11376 provides:

"A foster child who has become the subject of a legal guardianship, who is receiving assistance under the Kin-GAP Program under this article or under Article 4.7 (commencing with Section 11385), including Medi-Cal, and whose foster care court supervision has been terminated, shall be provided medically necessary specialty mental health services by the local mental health plan in the county of residence of his or her legal guardian, pursuant to all of the following:

- (a) The host county mental health plan shall be responsible for submitting the treatment authorization request (TAR) to the mental health plan in the county of origin.
- (b) The requesting public or private service provider shall prepare the TAR.
- (c) The county of origin shall retain responsibility for authorization and reauthorization of services utilizing an expedited TAR process."

HANDBOOK ENDS HERE

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 360, 361.2 and 361.3 (as amended by Assembly Bill 1544, Chapter 793, Statutes of 1997), 361.5(g)(2), 366.21(i)(2), 366.22(c)(2), 366.25(b)(2), 366.27 (as amended by AB 2129, Chapter 1089, Statutes of 1993), 11364(a) and (e), 11376, 11387(a) and (e), 16501 and 16501.1, Welfare and Institutions Code; and Section 275, Civil Code.

Amend Section 31-503 to read:

31-503 CHILD SUPPORT REFERRAL REQUIREMENTS

31-503

.1 For a child receiving AFDC-FC in accordance with Welfare and Institutions Code ~~Section 11401~~⁰, the social worker shall determine whether it is in the child's best interest to make a referral to the local child support agency.

.11 In making this determination, the social worker shall evaluate each case on an individual basis, considering the best interests of the child and the circumstances of the family, which may include, but are not necessarily be limited to, ~~the parent(s)~~² employment status of the parent(s), housing status, ~~the~~ impact on other children who may be at risk of removal, availability of community-based services, efforts to reunify, whether parental rights have been terminated, and connection with CalWORKs or other public assistance programs. (Continued)

.112 (Continued)

(c) The parent's ability to meet the needs of other children in the household who may be at risk ~~or~~ of removal.

.113 If the child's case plan goal is legal guardianship with a relative and receipt of Kin-GAP is anticipated, the social worker shall consider, prior to termination of dependency or wardship, whether the payment of support by the parent will pose a barrier to a successful outcome of the permanent plan in that the payment of support will compromise:

(a) The stability of the current placement with the proposed related guardian.

(b) The parent's ability to meet the needs of other children in the household who may be at risk of removal, if known.

.2 (Continued)

.21 Under the circumstances described in MPP sections 31-503.111 and 31-503.112, The social worker shall review this decision following each court hearing held under Welfare and Institutions Code ~~Section~~ 361.5.

.211 (Continued)

.22 Under the circumstances described in MPP section 31-503.113, the social worker or other appropriate representative of the county child welfare department or the county probation department shall review this decision no less frequently than at each two-year reassessment of the Kin-GAP negotiated agreement pursuant to Welfare and Institutions Code sections 11364(b)(1) and 11387(b)(1).

.221 If Kin-GAP benefits are terminated, and the social worker or other appropriate county worker also determines that it is no longer contrary to the child's best interest, the appropriate county worker shall refer the child's case to the local child support agency.

.222 If at any time the social worker or other appropriate county worker determines that it is no longer contrary to the child's best interest, the appropriate county worker shall refer the child's case to the local child support agency.

.3 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Section 17552, Family Code.

Reference: Section 17552, Family Code.

Adopt Section 45-102 to read:

45-102 DEFINITIONS – FORMS

45-102

(a)-(e) (Reserved)

- (f) (1) FC 2 The "Statement of Facts Supporting Eligibility for AFDC-Foster Care" (Rev. 11/04), hereby incorporated by reference, is used to collect information necessary to determine foster care eligibility at the time of application and redetermination.
- (2) FC 3 The "Determination of Federal AFDC-FC Eligibility" (Rev.11/04), hereby incorporated by reference, is used to collect information necessary to determine eligibility for federal AFDC-FC.
- (3) FC 3A The "AFDC-FG/U Worksheet" (Rev.11/04), hereby incorporated by reference, is used to collect information necessary to determine if the child would have received federal AFDC FG/U (as it existed July 16, 1996) in the month of the petition. This form is a supplement to the FC 3.
- (4) FC 18 The "Notification of AFDC-Foster Care Transfer" (Rev. 11/04), hereby incorporated by reference, collects and transmits the information necessary to transfer a foster care case between counties.

Authority cited: Sections 11102 and 11401, Welfare and Institutions Code.

Reference: Sections 391, 392, 452, 607.2, 11403, and 11405, Welfare and Institutions Code.

Adopt Section 45-600 to read:

45-600 Kin-Gap Program Purpose

45-600

The purpose of the Kinship-Guardianship Assistance Payment (Kin-GAP) Program is to enhance family preservation and stability in the permanency planning of a foster child by providing financial assistance to an approved relative caregiver who becomes the kinship guardian of a foster child placed in his or her home.

Authority cited: Sections 11361 and 11378, Welfare and Institutions Code.

Reference: Sections 360 361.5, 366.21 and 11403.01, Welfare and Institutions Code.

Adopt Section 45-601 to read:

45-601 DEFINITIONS

45-601

.1 The definitions in Sections 11-400, 31-002, and 45-101 apply to the Kin-GAP Program. The following definitions apply to the Kin-GAP Program only and supersede those in Sections 11-400, 31-002, and 45-101 where dual or conflicting definitions exist.

(a) (1) Approved Home of a Relative for purposes of Kin-GAP means the home of a relative, who has been identified as the expected kinship guardian, which has been determined as one of the following:

(A) Approved foster family home as specified in Section 31-002(a)(9).

(B) Licensed home as defined in Title 22 California Code of Regulations, Section 89201 or certified family home as defined in Title 22 California Code of Regulations, Section 88001.

(C) Resource family home as specified in Welfare and Institutions Code section 16519.5.

(2) Applicant means a child or nonminor former dependent on whose behalf a request for Kin-GAP benefits is made.

(b) Reserved.

(c) (1) Case Plan means a written document which is developed based upon an assessment of the circumstances that required child welfare services intervention and in which the social worker identifies a case plan goal, the objectives to be achieved, the specific services to be provided, and case management activities to be performed.

(2) County of Payment Responsibility means the county that had placement and care responsibility of the child prior to the establishment of the kinship guardianship pursuant to Welfare and Institutions Code sections 360, 366.26 or 728 and the dismissal of the juvenile court jurisdiction.

(d) Reserved.

(e) Reserved.

(f) Federal Kin-GAP Program means aid made with federal financial participation provided on behalf of children in kinship care who were previously eligible to receive Title IV-E federal foster care benefits and who meet all general requirements specified in Section 45-602 and all federal requirements specified in Section 45-604.

(g) Reserved.

(h) Reserved.

(i) Reserved.

(j) Reserved

(k) (1) Kinship Guardian, as defined by Welfare and Institutions Code sections 11362(b) and 11391(b), means a person who meets both of the following requirements:

(A) The person has been appointed the legal guardian of a dependent child of the juvenile court pursuant to Welfare and Institutions Code sections 366.26 or 360, or the legal guardian of a ward of the juvenile court pursuant to Welfare and Institutions Code section 728(d); and

(B) The person is a relative of the child.

(2) Kinship Guardianship Assistance Payments (Kin-GAP), as defined by Welfare and Institutions Code sections 11362(a) and 11391(a), means the financial assistance provided on behalf of a child or nonminor former dependent eligible to receive assistance under the federal or state Kin-GAP Programs.

(l) Reserved.

(m) Reserved.

(n) Nonminor Former Dependent means, on and after January 1, 2012, a person who is at least 18 years of age, up to and including the day prior to his or her 21st birthday, who was a dependent child or ward of the juvenile court when the guardianship was established pursuant to Welfare and Institutions Code sections 360, 366.26 or 728(d) and the juvenile court dependency or wardship was dismissed following the establishment of the guardianship.

(o) Reserved.

(p) Reserved.

(q) Reserved

(r) (1) Recipient means a child or nonminor former dependent who meets all conditions of eligibility and for whom the county has entered into an agreement to approve Kin-GAP payments.

(2) Relative, for the purposes of federal Kin-GAP only means an adult who

meets one of the following :

- (A) An adult who is related to the child by blood, adoption or affinity within the fifth degree of kinship, including stepparents, stepsiblings, and all relatives whose status is preceded by the words "great," "great-great" or "grand," or the spouse of any of those persons even if the marriage was terminated by death or dissolution.
- (B) An adult who meets the definition of an approved, nonrelated extended family member, as defined in Welfare and Institutions Code section 362.7.
- (C) An adult who is either a member of the Indian child's tribe or an Indian custodian.
- (D) An adult who is the current foster parent of a child under the juvenile court's jurisdiction, who has established a significant and family-like relationship with the child, and the child and the county child welfare agency, probation department, Indian tribe, consortium of tribes or tribal organization that has entered into an agreement pursuant to Welfare and Institutions Code section 10553.1 identify this adult as the child's permanent connection.
- (3) Relative, for the purposes of state Kin-GAP and as defined by Welfare and Institutions Code section 11362, means an adult who is related to the child by blood, adoption or affinity within the fifth degree of kinship, including stepparents, stepsiblings and all relatives whose status is preceded by the words "great," "great-great" or "grand," or the spouse of any of those persons even if the marriage was terminated by death or dissolution.
- (s) (1) Sibling, as defined by Welfare and Institutions Code section 11391(d), means a child related to the identified eligible child by blood, adoption or affinity through a common legal or biological parent.
- (2) State Kin-GAP Program means aid provided on behalf of children in a kinship guardianship who are not eligible for the federal Kin-GAP program and who meet all general requirements specified in Section 45-602 and all state requirements specified in Section 45-605.
- (t) Reserved.
- (u) Reserved.
- (v) Reserved.
- (w) Reserved.

(x) Reserved.

(y) Reserved.

(z) Reserved.

.2 Definitions-Forms

(a) Reserved.

(b) Reserved.

(c) Reserved.

(d) Reserved.

(e) Reserved.

(f) Reserved.

(g) Reserved.

(h) Reserved.

(i) Reserved.

(j) Reserved.

(k) (1) KG 1 (12/11) "Kin-GAP Mutual Agreement for 18 Year Olds," hereby incorporated by reference, is used for the purpose of obtaining an 18-year-old person's agreement to remain in the Kin-GAP Program after his or her 18th birthday, in accordance with the age requirements of Section 45-602.313.

(2) KG 2 (1/11) "Statement of Facts Supporting Eligibility for Kinship-Guardianship Assistance Payment (Kin-GAP) Program," hereby incorporated by reference, is used to collect information necessary to determine Kin-GAP eligibility at the time of application and reassessment.

(3) KG 3 (12/11) "Kin-GAP Mutual Agreement for Nonminor Former Dependents," hereby incorporated by reference, is used to obtain the nonminor former dependent's agreement to remain in the Kin-GAP Program after his or her 18th birthday, in accordance with the age requirements of Section 45-602.313.

(l) Reserved.

(m) Reserved.

(n) Reserved.

(o) Reserved.

(p) Reserved.

(q) Reserved.

(r) Reserved.

(s) (1) SOC 369 (12/10) "Agency-Relative Guardianship Disclosure," hereby incorporated by reference, is used for the purpose of informing a prospective kinship guardian of the funding and program options available when choosing to take legal guardianship of a related foster child. This form, which is used in conjunction with the SOC 369A, constitutes the written agreement that memorializes the terms, conditions, rights, responsibilities, and agreements reached between the county child welfare agency, the probation department, or the Title IV-E agreement tribe and the relative prior to the establishment of a kinship guardianship. The SOC 369A amends and supplements the SOC 369.

(2) SOC 369A (7/15) "Kinship-Guardianship Assistance Payment (Kin-GAP) Program Agreement Amendment," hereby incorporated by reference, is used for the purpose of amending and supplementing the SOC 369 to memorialize the terms, conditions, rights, responsibilities, and agreements reached between the county child welfare agency, the probation department, or the Title IV-E agreement tribe and a person who is already a kinship guardian. This form implements the state and federal requirement that there be a written, binding agreement with the kinship guardian stipulating, among other things, the Kin-GAP rate of payment and the manner in which the payment can be renegotiated based upon the needs of the child and the circumstances of the kinship guardian. Thus, the SOC 369A form is used both to establish the Kin-GAP rate of payment at the initiation of the case and, as necessary, to amend the initial agreement after the Kin-GAP case has been established.

(t) Reserved.

(u) Reserved.

(v) Reserved.

(w) Reserved.

(x) Reserved.

(y) Reserved

(z) Reserved

Authority cited: Sections 10553, 10554, 10604, 11369, 11393 and 11400, Welfare and Institutions Code.

Reference: Sections 1502(a)(1), 1505, and 1516, Health and Safety Code; Sections 309, 360, 361.3, 366, 366.21, 366.26, 366.3, 727.1, 728, 11054, 11360, 11363(d), 11364(a), 11385, 11386(h), 11387(a), 11391(c), 11400(b), 11400(m), 11400(r), 11400(u), 11401(b), 11401(e), 11402 (b)(1), 11403.01. and 11466.24, Welfare and Institutions Code; 45 CFR 1356.21(d); Public Law 95-608; 25 U.S.C. 1915; and 42 U.S.C. 606.

Adopt Section 45-602 to read:

45-602 GENERAL KIN-GAP ELIGIBILITY REQUIREMENTS

45-602

.1 Placement Requirement

- .11 The child must be placed, via court order or voluntary placement, in the approved home of the relative who is the expected kinship guardian, for at least six consecutive months immediately prior to the dismissal of dependency or wardship.

.2 Eligible Facility

- .21 The approved home of a relative need not be reassessed after a child transfers to the state or federal Kin-GAP Program.

.3 Age Requirement

- .31 A child or nonminor former dependent must meet one of the following age requirements:

.311 He or she is under 18 years of age.

.312 He or she is under 21 years of age and meets one of the requirements in 45-602.313.

.313 Eligibility after age 18 must be based on one of the following:

- (a) If the negotiated payments began prior to the child's 16th birthday, a recipient may continue to be eligible for Kin-GAP up to age 19, provided the high school completion conditions pursuant to Welfare and Institutions Code section 11403.01 are met.
- (b) If the negotiated payments began after the child's 16th birthday, a recipient may continue to be eligible for Kin-GAP up to age 21, provided the extended Kin-GAP provisions of Section 45-606 are met.
- (c) Kin-GAP may continue to be provided up to 21 years of age if the recipient has a physical or mental disability that warrants the continuation of assistance.

.4 A child must meet one of the following jurisdictional statuses:

- .41 A kinship guardianship was established by the juvenile court while the child was a 300 dependent, and dependency jurisdiction terminated pursuant to Welfare and Institutions Code section 366.3 concurrently or subsequently to the establishment of

the kinship guardianship; or

.42 A kinship guardianship was established by the juvenile court while the child was a 600 ward in foster care, and wardship was terminated pursuant to Welfare and Institutions Code section 728 concurrently or subsequently to the establishment of the kinship guardianship.

.5 A child may not exceed the property limits in Section 42-201 et seq.

. 51 For the purposes of determining property eligibility, a child in the Kin-GAP Program is treated in all aspects as a recipient, not as an applicant.

. 52 For the purposes of determining property eligibility, an amount not to exceed \$10,000 in cash savings, including interest, in addition to any other property accumulated pursuant to Welfare and Institutions Code section 11257 or 11257.5.

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See Sections 31-002(i)(1), 31-002(i)(1)(A) and 31-525 for the definition and description of the Independent Living Program (ILP).

The above-referenced Section 42-201 refers to the 1996 AFDC regulations.

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.6 A child must meet the citizenship and alienage requirements in Sections 42-430 through 42-435.

.7 Case records shall be maintained pursuant to the requirements of Section 48-000 and Section 31-075.

.71 These records shall be kept for a minimum of three years after the Kin-GAP case is closed.

.8 Reassessment of Kin-GAP Eligibility

.81 A reassessment of a child's or nonminor former dependent's circumstances, which are subject to change, shall be completed no less frequently than every two years.

.82 At the time of the reassessment, the Kinship Guardian shall complete the "Statement of Facts Supporting Eligibility for Kinship-Guardian Assistance Payment (Kin-GAP) Program" (KG 2).

.83 Examples of a child's circumstances that are subject to change include, but are not limited to:

- (a) Termination of the kinship guardianship.
 - (b) Failure of the relative to complete a reassessment request.
 - (c) Failure of the guardian to continue to support the child or the nonminor former dependent.
 - (d) Failure of the youth to continue to meet one of the education and employment participation conditions.
- .84 The county shall make efforts to ensure that the relative legal guardian with whom the child resides is aware of the necessity to report any change in need or income for the child.

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The above-referenced Sections 42-430 through 42-435 refer to the 1996 AFDC regulations.

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Authority cited: Sections 10553, 10554, 11369 and 11393, Welfare and Institutions Code.

Reference: Sections 360, 366.26, 728, 11363, 11375, 11386, 11390 (d), Welfare and Institutions Code.

Adopt Section 45-604 to read:

45-604 FEDERAL KIN-GAP PROGRAM

45-604

- .1 To be eligible for federal Kin-GAP, a child or nonminor former dependent shall meet all federal requirements specified in this section and all general requirements specified in Section 45-602.

 - .11 Prior to and at the time the kinship guardianship is established, a child must be eligible to receive federal AFDC-FC pursuant to Sections 45-201 and 45-202.
- .2 Federal Kin-GAP may be provided on behalf of any youth, provided that one of the following conditions was met prior to the establishment of the kinship guardianship:

 - .21 He or she was removed from his or her home pursuant to a voluntary placement; or
 - .22 He or she was removed from his or her home as a result of a judicial determination, including being adjudged a dependent of the juvenile court pursuant to Welfare and Institutions Code section 300, to the effect that continuation in the home would be contrary to the welfare of the child; or
 - .23 He or she was removed from his or her home as a result of a judicial determination, including being adjudged a ward of the juvenile court pursuant to Welfare and Institutions Code sections 601 or 602, to the effect that continuation in the home would be contrary to the welfare of the child.
- .3 The approved relative caregiver must enter into a written binding agreement (SOC 369 & SOC 369A) with the county of placement prior to a court ordering the kinship guardianship pursuant to Welfare and Institutions Code sections 360, 366.26 or 728.
- .4 A federal Kin-GAP payment may be made on behalf of a sibling of a Title IV-E eligible child, regardless of the sibling's Title IV-E eligibility status, when the following conditions are met:

 - .41 An eligible child and his or her sibling are placed in the same kinship guardianship arrangement; and
 - .42 The kinship guardian and the county child welfare department, the probation department or the Indian tribe with a Title IV-E agreement, agree that the placement of the sibling is appropriate as evidenced by a determination that the guardianship arrangement meets the sibling's physical, mental and developmental needs; and
 - .43 Each sibling meets the citizenship and alienage requirements pursuant to Section 45-602.6.

.44 Each sibling meets the written agreement requirement pursuant to Section 45-604.3.

.5 A child's case file shall contain the following forms or documents, as needed, to demonstrate eligibility for the federal AFDC-FC Program pursuant to Sections 45-202 and 45-203 prior to transferring to a Kin-GAP case:

- (a) CW 2.1 (Rev. 8/04) "Notice and Agreement for Child, Spousal and Medical Support" hereby incorporated by reference.
- (b) CW 2.1 (Rev. 7/01) "Q-Support Questionnaire" hereby incorporated by reference.
- (c) FC 2 (Rev. 11/04) "Statement of Facts Supporting Eligibility for Title IV-E Foster Care."
- (d) FC 3 (Rev. 11/04) "Determination of Title IV-E Foster Care Eligibility."
- (e) FC 3A (Rev. 11/04) "AFDC-FC Worksheet."
- (f) If applicable, KG 1 (12/11) "Kin-GAP Mutual Agreement for 18-Year Olds."
- (g) KG 2 (1/11) "Determination of Kin-GAP Eligibility."
- (h) If applicable, KG 3 (12/11) "Kin-GAP Mutual Agreement for Nonminor Former Dependents."
- (i) SOC 369 (12/10) "Agency-Relative Guardianship Disclosure."
- (j) SOC 369A (7/15) "Kinship-Guardianship Assistance Payment Program Agreement Amendment."
- (k) Any applicable county forms required to document the child's eligibility for a specialized care increment, a whole foster family home payment, a dual agency rate, a clothing allowance or other benefit that the child receives.
- (l) Court order terminating dependency or wardship.
- (m) Court order establishing kinship guardianship or a copy of the letters of guardianship.
- (n) Relative approval documents, including criminal background and child abuse registry checks, pursuant to Welfare and Institutions Code section 361.4
- (o) Case plan update submitted to a court prior to establishing kinship guardianship that includes information pursuant to Section 31-206.317.

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Section 31-206.317 provides that a child's case plan shall include the following:

"A description of the steps that the agency has taken to determine that it is not appropriate for the child to be returned home or adopted.

The reason(s), if any, for any separation of siblings during placement.

The reason(s) why a guardianship with a fit and willing relative through kinship guardianship assistance arrangement is in the child's best interest.

The ways in which the child meets the eligibility requirements for a kinship guardianship assistance payment.

The efforts the agency has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reason(s) why not.

The efforts the agency has made to discuss with the child's parent(s) the kinship guardianship assistance arrangement, or the reasons why the efforts were not made."

HANDBOOK ENDS HERE

.6 Successor Guardian

- .61** A successor guardian, who was appointed pursuant to Welfare and Institutions Code section 366.3, can receive a federal Kin-GAP payment if the appointment was due to the death or incapacity of the kinship guardian and the successor guardian is named in the written agreement, or any amendment to the agreement. The six-month placement requirement will be waived for the successor guardian if an assessment has been done pursuant to Welfare and Institutions Code sections 361.3 and 361.4 and dependency jurisdiction has been terminated.

Authority cited: Sections 10553, 10554, and 11393, Welfare and Institutions Code.

Reference: Sections 7660 et. seq., 7800 et. seq., and 7911.1, Family Code; Section 1505, Health and Safety Code; Sections 366.26, 11400(m), 11400(o), 11401(b), 11401 (e), 11401(f), 11402, 11402.1, 11385 to 11393 and 16507.4, Welfare and Institutions Code; Public Law 95-608; Public Law 96-272; 42 U.S.C. 606; 25 U.S.C. 1915; 42 U.S.C. 671; 42 U.S.C. 672(a)(2) and 672(a)(4); *Capitola Land et al. v. Anderson*, 55 Cal. App. 4th 69, 63 Cal. Rptr.2d 717, (1997); and *Anderson v. Superior Court*, 68 Cal. App. 4th 1240, 80 Cal. Rptr.2d 891, (1998).

Adopt Section 45-605 to read:

45-605 STATE KIN-GAP PROGRAM

45-605

- .1 A child or nonminor former dependent is eligible to receive state Kin-GAP assistance if he or she is found to be ineligible to receive federal Kin-GAP. The child or nonminor former dependent shall meet all state requirements specified in this section and all general requirements specified in Section 45-602.
- .2 State Kin-GAP may be provided on behalf of any child or nonminor former dependent, provided that one of the following conditions was met prior to the establishment of the kinship guardianship:

 - .21 He or she was adjudicated a dependent of the juvenile court pursuant to Welfare and Institutions Code section 300; or
 - .22 He or she was adjudicated a ward of the juvenile court pursuant to Welfare and Institutions Code section 601 or 602.
- .3 The kinship guardian enters into a written binding agreement (SOC 369 & 369A) with the county of jurisdiction pursuant to Welfare and Institutions Code sections 360, 366.26 or 728.
- .4 The case file shall contain the following forms, as needed, to demonstrate eligibility for the State Kin-GAP Program:

 - (a) CW 2.1 (Rev. 8/04) "Notice and Agreement for Child, Spousal and Medical Support" hereby incorporated by reference.
 - (b) CW 2.1 (Rev. 7/01) "Q-Support Questionnaire" hereby incorporated by reference.
 - (c) If applicable, the KG 1 (12/11) "Kin-GAP Mutual Agreement for 18-Year Olds."
 - (d) KG 2 (1/11) "Determination of Kin-GAP Eligibility."
 - (e) KG 3 (12/11) "Kin-GAP Mutual Agreement for Nonminor Former Dependents."
 - (f) SOC 369 (12/10) "Agency-Relative Guardianship Disclosure."
 - (g) SOC 369A (7/15) "Kinship-Guardianship Assistance Payment Program Agreement Amendment."
 - (h) County forms are required to document the child's eligibility for a specialized care increment, a whole foster family home payment, a dual agency rate, a clothing allowance or other benefits that the child receives.

- (i) Court order terminating dependency or wardship.
- (j) Court order establishing kinship guardianship or a copy of the letters of guardianship.
- (k) Case plan update submitted to court prior to establishing kinship guardianship that includes information pursuant to Sections. 31-225.17 and 31-206.317.

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"A description of the steps that the agency has taken to determine that it is not appropriate for the child to be returned home or adopted.

The reason(s), if any, for any separation of siblings during placement.

The reason(s) why a guardianship with a fit and willing relative through kinship guardianship assistance arrangement is in the child's best interest.

The ways in which the child meets the eligibility requirements for a kinship guardianship assistance payment.

The efforts the agency has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reason(s) why not.

The efforts the agency has made to discuss with the child's parent(s) the kinship guardianship assistance arrangement or the reasons why the efforts were not made."

HANDBOOK ENDS HERE

.5 Subsequent Guardian

- .51 A subsequent guardian, or co-guardian who was appointed pursuant to Welfare and Institutions Code section 366.3 after the initial guardianship had been established, does not have to complete a six-month placement period. The six-month period will be waived for the subsequent guardian or co-guardian if an assessment has been done pursuant to Welfare and Institutions Code sections 361.3 and 361.4 and dependency jurisdiction has been terminated. The subsequent guardian need not have been named in the initial Kin-GAP agreement or any amendment thereto.

Authority cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code.

Reference: Sections 7660 et. seq., 7800 et. seq., and 7911.1, Family Code; Sections 366.26, 11360 to 11376, 11400(m), 11400(o), 11401(b), 11401(e), 11401(f), 11402, 11402.1, and 16507.4, Welfare and Institutions Code; Section 366.3 and 1505, Health and Safety Code; 45 C.F.R. 1356.30; Public Law 95-608; Public Law 96-272; 25 U.S.C. 1915; 42 U.S.C. 606; 42 U.S.C. 671; 42 U.S.C. 672(a)(2) and 672(a)(4); *Capitola Land et al. v. Anderson*, 55 Cal. App. 4th 69, 63 Cal.Rptr.2d 717, (1997); and *Anderson v. Superior Court*, 68 California App. 4th 1240, 80 Cal.Rptr.2d 891, (1998).

Adopt Section 45-606 to read:

45-606 EXTENDED KIN-GAP

45-606

.1 A nonminor former dependent meeting the age requirement pursuant to 45-602.313 (b) shall be eligible for extended Kin-GAP when the following conditions are met:

.11 The nonminor former dependent and the county representative have completed and signed the Kin-GAP Mutual Agreement for Nonminor Former Dependents (KG 3) within 30 working days after the nonminor former dependent's 18th birthday; and

.12 The nonminor former dependent meets at least one of the following conditions:

.121 Is completing secondary education or a program leading to an equivalent credential.

.122 Is enrolled in an institution that provides postsecondary or vocational education.

.123 Is participating in a program or activity designed to promote, or remove barriers to employment.

.124 Is employed for at least 80 hours per month.

.125 Is incapable of doing any of the activities described in Sections 45-606.121 through 45-606.124, inclusive, due to a medical condition; and that incapability is supported by regularly updated information in the individual's case plan.

Authority cited: Sections 10553, 10554, 11369 and 11393, Welfare and Institutions Code.

Reference: Sections 10103.5, 11364, and 11386, Welfare and Institutions Code.

Adopt Section 45-607 to read:

45-607 PAYMENT

45-607

.1 Beginning Date of Aid

.11 When an AFDC-FC foster child becomes eligible for Kin-GAP during the month, the child shall continue to receive benefits under the AFDC-FC foster care program pursuant to Sections 45-202 or 45-203, as applicable, to the end of that calendar month; and Kin-GAP shall begin on the first day of the following month.

.12 When a foster child receiving CalWORKs becomes eligible for Kin-GAP during the month, the child shall continue to receive benefits under the CalWORKs Program as appropriate to the end of that calendar month; and Kin-GAP shall begin on the first day of the following month.

.2 Suspension of Payment

.21 A Kin-GAP payment shall be suspended due to any of the following:

.211 The guardian fails to complete and return the Determination of Kin-GAP Eligibility (KG 2) within two weeks of the date it was mailed.

.212 The guardian is no longer providing support and care to the child or nonminor former dependent.

.213 The nonminor former dependent is no longer completing one of the extended Kin-GAP requirements pursuant to Section 45-606.12.

.214 The child or nonminor former dependent is subsequently incarcerated and wardship is established. Consistent with ACL 11-28, the child remains eligible for Kin-GAP payment if the child returns to the care of the relative guardian and all other eligibility conditions are met.

.215 A Kin-GAP payment can be resumed if the conditions listed in .211 through .214 are no longer applicable.

.3 Kin-GAP Budgeting Methods

.31 The budget period for the computation of a Kin-GAP payment shall be the current month. The Kin-GAP payment shall be computed on the basis of known or estimated income in the current calendar month.

.4 Last Date of Payment

.41 Date of termination of the guardianship with a kinship guardian shall terminate eligibility for Kin-GAP.

.42 Date the child or nonminor former dependent does not meet age requirements pursuant to Section 45-602.31 shall terminate eligibility for Kin-GAP.

.43 The date the voluntary placement agreement or court order transfers placement and care responsibility from the guardian to the county welfare or probation department shall terminate eligibility for Kin-GAP, unless the condition described in Section 45-607.214 applies.

.5 Parent in Home With Youth

.51 If the parent moves into the home with the Kin-GAP youth and kinship guardian, the Kin-GAP payments shall continue, assuming all other eligibility requirements continue to be met.

.6 The income requirements of Sections 44-100 through 44-133 and Section 44-207 shall apply unless the child or nonminor former dependent meet one of the following:

.61 Is participating in the Job Training Partnership Act of 1982 (Public Law 97-300); or

.62 Is a former dependent or ward of the juvenile court who is a full-time student pursuant to the Deficit Reduction Act of 1984 (Public Law 97-369); or

.63 Is a nonminor former dependent or ward of the juvenile court, or 16 years of age or older, and is participating in the Independent Living Program pursuant to the Omnibus Budget Reconciliation Act of 1985 (Public Law 99-272).

.7 Kin-GAP Payment Offset

.71 Earned income that does not meet one of the specified conditions under 45-607.61 through 45-607.63 is to be offset against the amount of the Kin-Gap payment.

.72 For a child or nonminor former dependent receiving state-funded Kin-GAP, Supplemental Security Income (SSI/SSP) or Social Security Survivor's benefits are to be treated as income. The state Kin-GAP payment is to be offset dollar for dollar against the SSI/SSP or Social Security Survivor's payment. For a child or nonminor former dependent receiving federally funded Kin-GAP, SSI/SSP or Social Security Survivor's benefits are not to be counted as income. The Social Security Administration will offset the SSI/SSP or Social Security Survivor's payment against the federal Kin-GAP payment.

.73 For a child or nonminor former dependent receiving state-funded Kin-GAP, Social Security Disability benefits are to be treated as income. The state Kin-GAP payment is to be offset against the Social Security Disability payment pursuant to the \$225 disregard regulations, Sections 44-111.23 and 44-113.214. For a child or nonminor former dependent receiving federally funded Kin-GAP, Social Security Disability benefits are not to be counted as income. The Social Security Administration will offset the Social Security Disability payment against the federal Kin-GAP payment.

.8 Filing of a Welfare and Institutions Code section 388 Petition

.81 After the filing of a petition pursuant to Welfare and Institutions Code Section 388, the Kin-GAP payment shall continue unless any of the following occur:

.82 The guardianship is terminated; or

.83 The court orders that the child be removed from the guardian's home; or

.84 After the conclusion of the hearing on the 388 petition, dependency jurisdiction is maintained by the juvenile court; or

.85 The placement and care responsibility is transferred from the guardian to the county welfare or probation department.

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The above-referenced Sections 44-100 through 44-133 and 44-207 refer to the 1996 AFDC regulations.

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Authority cited: Sections 10553, 10554, 11369, and 11393, Welfare and Institutions Code.

Reference: Section 7911.1, Family Code; Sections 361.21, 366, 727.1, 11017, 11056, 11360 to 11376, 11385 to 11393; 11400(f), 11401, 11402, 11403, 11450, and 11466.24, Welfare and Institutions Code; Section 472(a)(1), Social Security Act.

Amend Section 90-101 to read:

90-101 DEFINITIONS AND FORMS (continued)

90-101

.1 (continued)

(a) (1) (continued)

(k) (1) KG-1 ~~The Mutual Agreement for 18-Year Olds is used to obtain an 18-year old child's agreement to remain in the Kin-GAP Program after his/her 18th birthday, in accordance with the Age requirements of Section 42-101.~~

(2) ~~KG-2~~ ~~The "Statement of Facts Supporting Eligibility for Kinship Guardianship Assistance Payment (Kin-GAP) Program" (Rev. 11/99) is used to collect information necessary to determine Kin-GAP eligibility at the time of application and redetermination.~~

(3)(1) KG 2-A "Rights, Responsibilities and Other Important Information" is used to inform relative caretakers of their rights and responsibilities under the Kinship Guardianship Assistance Payment (Kin-GAP) Program (Rev. 12/99).

Authority cited: Sections 10553, 10554, 10604, and 11369, Welfare and Institutions Code.

Reference: Sections 366.26, 11054, and 11362, Welfare and Institutions Code.

Kin-GAP MUTUAL AGREEMENT FOR 18 YEAR OLDS

CASE NAME _____

BIRTH DATE _____

CASE NUMBER _____

I request that the _____ County Welfare Department/Probation Department or _____ Tribe
(circle appropriate public agency)

maintain my Kin-GAP payment until the completion of my education/training by age 19.

Recognizing my responsibility, I agree to:

1. Assist the responsible public agency in determining my financial need and eligibility while receiving a Kin-GAP payment.
2. Keep the responsible public agency informed of my progress with my education/training program.
3. Give reasonable notice if I leave my guardian's home for more than a temporary absence.

SIGNATURE OF KIN-GAP YOUTH

ADDRESS

TELEPHONE

()

DATE

KIN-GAP YOUTH'S ELIGIBILITY WORKER

ADDRESS

TELEPHONE

()

DATE

STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP) PROGRAM: *The legal guardian should complete in ink all questions to the left of the heavy black line with information about the child for whom they are the legal guardian. If there are multiple children, one form per child should be completed. Please complete, sign and date this form within two weeks, attaching extra sheets if necessary. Failure to complete and return this form within two weeks (14 days) of the date it was mailed will cause interruption, termination or delay in your receipt of the benefit.*

① Child Name _____ ② ☐ Male ☐ Female

③ Address _____

④ Birth date _____ ⑤ Birthplace _____

⑥ Social Security # _____ Applied For? ☐ Yes ☐ No

⑦ Citizen of U.S.? ☐ Yes ☐ No ⑧ Alien Status: _____

⑨ Does the child have medical insurance other than Medi-Cal? ☐ Yes ☐ No

If yes, list policy number, company name, and name of policy: _____

⑩ Does the child have real or personal property? ☐ Yes ☐ No

If yes, list property type (land, cash, auto, motorcycle, life insurance, trust fund, bank account, bond, etc.) and its value: _____

⑪ Does the child have income? ☐ Yes ☐ No ☐ Unknown*

If yes, list amounts below. If application pending, check associated box.

INCOME TYPE	AMOUNT	PENDING
Social Security	\$ _____	
Child Support	\$ _____	
Railroad Retirement	\$ _____	
SSI/SSP	\$ _____	
Veteran's Benefits	\$ _____	
Salary/Wages	\$ _____	
Other (specify)	\$ _____	
Total Amount/Month	\$ _____	

*If unknown, please explain: _____

⑫ Does the child have siblings placed with you? ☐ Yes ☐ No

If yes, list the names and DOB.

NAME OF SIBLING	DATE OF BIRTH

⑬ Is the child's mother or father deceased? ☐ Yes ☐ No

⑭ Has the child's parents been receiving Social security or VA benefits? ☐ Yes ☐ No

If yes, explain and list amount if known: _____

⑮ If the youth is age 16 or older, does the youth want a referral to the ILP Program? ☐ Yes ☐ No

⑯ Does the child reside in your home? ☐ Yes ☐ No

If no, do you provide any support for the above-named child? ☐ Yes ☐ No

⑰ Does this youth have a child(ren) of his/her own residing in your home? ☐ Yes ☐ No

⑱ Do you have a shared responsibility plan about the care of the child with the minor parent? ☐ Yes ☐ No

⑲ Do you have guardianship of the child which was granted by a California juvenile court? ☐ Yes ☐ No

ELIGIBILITY WORKER ONLY

- ☐ APPLICATION
☐ REASSESSMENT

CASE NAME _____

CASE NUMBER _____

VERIFICATION

AGE _____

SOCIAL SECURITY NUMBER _____

CITIZENSHIP/ALIEN STATUS _____

DHS 6155 ☐

CHILD'S PROPERTY _____

DOES THE CHILD HAVE SIBLINGS
PLACED WITH THE GUARDIAN? _____

DID THE CHILD RESIDE FOR AT
LEAST SIX CONSECUTIVE MONTHS
IN THE APPROVED HOME OF THE
PROSPECTIVE RELATIVE
GUARDIAN? _____

SPECIAL NEEDS CHILDREN INFORMATION		VERIFICATION
(20) Does this child have special needs, i.e., health and/or behavior problems? ☐ Yes ☐ No If yes, I am requesting an assessment of the child's special needs to determine if the specialized care increment meets the needs of this child.	ILP	
COMPLETE BELOW FOR CHILDREN 18 AND OLDER		
(21) Expected graduation/completion before the 19th birthday? ☐ Yes ☐ No (22) Do you request an assessment for continued payment over the age of 18 because the youth has a mental or physical handicap? If yes, describe condition: ☐ Yes ☐ No (23) Was guardianship ordered in a juvenile court after the youth's 16th birthday? ☐ Yes ☐ No If yes, is youth participating in one of the following activities (Note: this provision does not apply until January 2, 2012): ☐ Completing secondary education (e.g., high school) or a program leading to an equivalent credential (e.g., taking classes in preparation for a general equivalency diploma exam). ☐ Enrolled in an institution which provides post-secondary (e.g., university or college) or vocational education (e.g., trade school). ☐ Participating in a program or activity designed to promote, or remove barriers to employment (e.g., enrolled in Job Corps or attending classes on resume writing and interview skills). ☐ Employed for at least 80 hours per month. ☐ Is Incapable of doing any of the previously described educational or employment activities due to a documented medical condition. ☐ None of the above.	VERIFICATION BY SCHOOL SCHOOL ATTENDANCE GRADUATION ☐ YES	
LEGAL GUARDIAN: _____ I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.		
SIGNATURE OF LEGAL GUARDIAN _____		
COUNTY WHERE SIGNED _____ DATE _____		
SIGNATURE OF ELIGIBILITY WORKER _____ DATE _____		
SIGNATURE OF ELIGIBILITY WORKER SUPERVISOR _____ DATE _____		
☐ NOT ELIGIBLE ☐ ELIGIBLE ☐ FEDERAL ☐ NONFEDERAL ☐ OTHER		

RELEASE OF INFORMATION

You and any member of your family for whom you are applying for aid must give us a Social Security Number(s) (SSN). The SSN(s) are needed to determine your eligibility. Failure to cooperate may result in denial or discontinuance of aid. Authority: **Welfare and Institutions Code, Section 11268.**

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-679) and the information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Forms Officer.

**Kin-GAP MUTUAL AGREEMENT FOR
NONMINOR FORMER DEPENDENTS**

CASE NAME _____

BIRTH DATE _____

CASE NUMBER _____

I request that the _____ Child Welfare Services/Probation Department or
(circle appropriate public agency)

_____ Tribe maintain my extended Kin-GAP payment.

Recognizing my responsibility, I agree to:

1. Assist the responsible public agency in determining my financial need and eligibility while receiving a Kin-GAP payment.
2. Update/notify the responsible public agency and relative guardian if there are any changes in my circumstances or living arrangements.

Select criteria below:

3. ☐ I am over 18 years old and have a documented physical or mental disability that warrants continuation of Kin-GAP assistance until I am 21 years old pursuant to Welfare and Institutions Code (W&IC) sections 11363(c)(2) and 11386(g)(2).
4. ☐ I meet at least one of the five participating criteria as set forth in W&IC section 11403(b). I am (check all that apply):
 - ☐ Completing high school or an equivalency program.
 - ☐ Enrolled or enrolling in a post-secondary or vocational school.
 - ☐ Participating in a program or activity that promotes or removes barriers to employment.
 - ☐ Employed at least 80 hours per month.
 - ☐ Incapable of participating in 1-4 above, due to a documented physical or mental condition.
5. Keep the responsible public agency informed of my progress with my education/training program

SIGNATURE OF Kin-GAP YOUTH/AUTHORIZED REPRESENTATIVE _____

Kin-GAP YOUTH'S ELIGIBILITY WORKER _____

ADDRESS _____

ADDRESS _____

HOME TELEPHONE _____

ALTERNATE TELEPHONE _____

OFFICE TELEPHONE _____

DATE _____

DATE _____

**AGENCY-RELATIVE GUARDIANSHIP
DISCLOSURE**

ONE COPY TO: Relative Caregiver
Child's Social Services Record
Child's Eligibility Record

NOTE: THIS DISCLOSURE MUST BE COMPLETED PRIOR TO A RELATIVE BECOMING LEGAL GUARDIAN

NAME OF CHILD:		CAREGIVER'S NAME:	
DATE PLACED WITH THIS RELATIVE:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	

Initial Here:

- _____ I understand that I am not required to change custodial status from relative caregiver to legal guardian. However, if I decide to become a legal guardian, court dependency may be dismissed.
- _____ I have been provided a Guardianship Pamphlet.

1. AFDC-Foster Care to Kin-GAP
Initial Here:

_____ I understand that by becoming a relative legal guardian of _____:

- The child's payment will change from \$_____ to \$_____ per month.
- When the child reaches age 18 years, the child must complete the Kin-GAP Mutual Agreement for 18 year olds to continue to receive Kin-GAP payments until they reach the age of 19 years or completes their secondary education or vocational training prior to 19 years.
- The child may be eligible for continued benefits up to age 21 years if the child has a mental or physical disability. If you start to receive Kin-GAP benefits before the child's 16th birthday and the child does not have such a disability, the child will not be eligible for the up-to-age 21 extension of benefits that comes into effect as of January 1, 2012.
- The child will no longer be eligible to receive an AFDC-Foster Care payment.
- The child's siblings are eligible for Kin-GAP if they live in the same household.
- The child will be eligible to receive a clothing allowance and the state supplemental clothing allowance.
- The child may be eligible to receive a specialized care increment if already in receipt of a specialized care increment or may receive a specialized care increment if the needs of the child change in the future. Note: the amount of the specialized care increment may be increased or decreased based on changes to the child's special needs.
- If the child is a consumer of California regional center services, he/she will be eligible for a dual agency rate and may be eligible for a supplemental rate.
- Non-referral to child support may continue if the social worker determines it is in the best interest of the child. If not, the parent may have to pay child support to the agency.
- The child remains eligible for Independent Living Program services when the child attains age 16 and such services are requested by you the caregiver or the child. However the youth will not be eligible for the Chafee Educational/Training Voucher unless the youth remains in foster care until age 16 prior to the transfer to Kin-GAP.
- The Infant Supplement and the \$200 Shared Responsibility Plan increment may be payable in Kin-GAP.
- If I move to another county, the Kin-GAP rate paid to me will be based on the host county's rate, or the rate of the county which had court-ordered jurisdiction over the legal guardianship if it is determined that the host county rate cannot be paid.

- If I move out of state, the Kin-GAP payment may continue. In addition, if I remain eligible for a Kin-GAP payment, after moving out of state, I will be eligible for Medicaid based on that state's Medicaid program.
- If the child is eligible for Kin-GAP, he/she will also be eligible for Medi-Cal.
- The child's Kin-GAP and Medi-Cal eligibility may be impacted if resources exceed \$10,000 or residence is out of state.
- Any income, which the youth has earned as part of their transitional independent living plan, is exempt.
- The child will not be eligible for the Transitional Housing Program or the Transitional Housing Program Plus.

2. AFDC-FC to CalWORKs
Initial Here:

_____ I understand that by becoming a relative legal guardian of _____:

- The child's payment will change from \$_____ to \$_____ per month.
- The child will not receive an AFDC-Foster Care payment.
- The child will not receive a clothing allowance or a specialized care increment.
- The child will not be eligible for the Transitional Housing Program.

3. CalWORKs to Kin-GAP
Initial Here:

_____ I understand that by becoming a relative legal guardian of _____:

- The child's payment will change from \$_____ to \$_____ per month.
- The child's siblings are eligible for Kin-GAP if they live in the same household.
- The child cannot get both CalWORKs and Kin-GAP payments.
- The child will no longer be eligible to receive Cal-Learn benefits.
- The child will no longer be eligible to receive CalWORKs child care services.
- The child will be eligible to receive a clothing allowance and may be eligible to receive a specialized care increment if the needs of the child change in the future. Note: the amount of the specialized care increment may be increased or decreased based on changes to the child's special needs.
- If the child is a consumer of California regional center services, he/she will be eligible for a dual agency rate and may be eligible for a supplemental rate.
- Non-referral to child support may continue if the social worker determines it is in the best interest of the child. If not, the parent may have to pay child support to the agency.
- The child remains eligible for Independent Living Program services when the child attains age 16 and such services are requested by you the caregiver or the child. However, the youth will not be eligible for the Chafee Educational/Training Voucher unless the youth remains in foster care until age 16 prior to the transfer to Kin-GAP.

- When the child reaches age 18 years, the child must complete the Kin-GAP Mutual Agreement for 18 year olds to continue to receive Kin-GAP payments until they reach the age of 19 years or completes their secondary education or vocational training prior to 19 years.
- The child may be eligible for continued benefits up to age 21 years if the child has a mental or physical disability. If you start to receive Kin-GAP benefits before the child's 16th birthday and the child does not have such a disability, the child will not be eligible for the up-to-age 21 extension of benefits that comes into effect as of January 1, 2012.
- The Infant Supplemental and the \$200 Shared Responsibility Plan increment may be payable in Kin-GAP.
- If I move to another county, the Kin-GAP rate paid to me will be based on the host county's rate, or the rate of the county which had court-ordered jurisdiction over the legal guardianship if it is determined that the host county rate cannot be paid.
- If I move out of state, the Kin-GAP payment may continue. In addition, if I remain eligible for a Kin-GAP payment, after moving out of state, I may be eligible for Medicaid based on that state's Medicaid program.
- If the child is eligible for Kin-GAP, he/she will also be eligible for Medi-Cal.
- The child's Kin-GAP and Medi-Cal eligibility may be impacted if resources exceed \$10,000 or residence is out of state.
- Any income, which the youth has earned as part of their transitional independent living plan, is exempt.
- The child will not be eligible for the Transitional Housing Program or the Transitional Housing Program Plus.
- If the relative caregiver is on CalWORKs and is caring for one or more foster children and all children in the assistance unit move to Kin-GAP, the caregiver may continue to remain eligible for a CalWORKs grant as a family of one.

4. Remain CalWORKs
Initial Here:

_____ I understand that by becoming a relative legal guardian of _____:

- The child will not receive an AFDC-Foster Care or Kin-GAP payment.
- The child will remain eligible to CalWORKs.

Services

If you become guardian of this child and the court dependency is terminated:

Initial Here:

- _____ I understand that I may receive assistance from the county child welfare agency if it is necessary to terminate guardianship or to appoint a co-guardian for the child.
- _____ I understand that I may renegotiate the payment if my circumstances or the needs of the child change;
- _____ I understand that the child and I will no longer be assigned a social worker;
- _____ I understand that the child and I will no longer be required to go to court;
- _____ I understand that the child will no longer have a court appointed attorney;
- _____ I understand that I am not prevented from adopting this child at any time in the future;
- _____ I understand that I may still contact the county if I need assistance at _____;
- _____ Other: _____

Some Important Kin-GAP Information

These are some of the important things you should know about Kin-GAP:

Initial Here:

- _____ I understand that every two years I will be required to complete a review of the child's circumstances with the county. I understand that I must report within 5 days any changes which may affect the child's eligibility for the program.
- _____ I understand that if I move to another county/state, my payment will be based on the host county's/state's rate, or the rate of the county/state which had court-ordered jurisdiction over the legal guardianship if it is determined that the host county/state rate cannot be paid.
- _____ I understand that any specialized care increment that I receive may change based on the child's health or behavioral needs.

I have read the above and understand all of the legal guardianship options that are available to me (adoption, legal guardianship, long-term foster care). After considering all the options, I have voluntarily chosen legal guardianship with the associated payment noted above.

I have chose option # 1 2 3 4 (Circle one)

SIGNATURE OF SOCIAL WORKER: 		SIGNATURE OF RELATIVE LEGAL GUARDIAN: 	
TITLE/AGENCY:			
ADDRESS:		ADDRESS:	
TELEPHONE NUMBER ()	DATE:	TELEPHONE NUMBER ()	DATE:

RELEASE OF INFORMATION

You and any member of your family for whom you are applying for aid must give us a Social Security Number(s) (SSN). The SSN(s) are needed to determine your eligibility. Failure to provide SSN may result in denial or discontinuance of aid. Authority: **Welfare and Institutions Code, Section 11268.**

KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (KIN-GAP) PROGRAM AGREEMENT AMENDMENT

This form amends and supplements the SOC 369 to memorialize the terms, conditions, rights, responsibilities, and agreements reached between the county child welfare agency, probation department or Title IV-E agreement tribe and the relative guardian.

NOTICE: This agreement describes the guardianship assistance benefit that you will receive. If you agree, please sign the agreement and return it to the responsible public agency. If you disagree, please contact the responsible public agency. If you and the agency cannot reach an agreement, you will receive a Notice of Action which explains how to request a state hearing to resolve the matter.

I/We, _____ and _____, have
(NAME OF LEGAL GUARDIAN) (NAME OF LEGAL GUARDIAN)
 entered into an agreement with the _____ for a
(NAME OF RESPONSIBLE PUBLIC AGENCY)

(check one) ☐ federally eligible;

☐ state eligible

Kinship Guardianship Assistance Payment (Kin-GAP) for _____
(NAME OF CHILD)

This Kin-GAP Agreement will continue until it is modified or terminated in accordance with its terms.

This is (check one) ☐ an initial agreement

☐ an amendment to the agreement dated _____
(DATE OF INITIAL AGREEMENT)

1. A Kin-GAP benefit of \$ _____ per month is authorized to begin _____
(BEGINNING DATE OF PAYMENT)

The child's needs must be reassessed at least every two years. The next scheduled reassessment is _____
(REASSESSMENT DATE)

2. Unless the benefit is ending because of age, _____ will send a Statement of Facts
(RESPONSIBLE PUBLIC AGENCY)
 Supporting Eligibility for Kinship Guardianship Assistance Payment (Kin-GAP) Program (KG 2 form), at least 60 days before the next reassessment date. I/We shall complete the KG 2 and return it within 14 days to _____
(RESPONSIBLE PUBLIC AGENCY) I/We understand that failure to complete and return this form in a timely manner may result in an interruption, delay or termination in the receipt of the benefit.

3. If applicable, any specialized care increment (SCI) that the child receives may change as the needs of the child change.
4. A child receiving Kin-GAP shall be eligible for an age-related increase after his or her 5th, 9th, 12th and 15th birthdays. (In Marin County, the age-related increase occurs after his or her 5th, 7th, 12th, 13th and 15th birthdays.)
5. The Kin-GAP benefit may not exceed the age-related, state-approved foster family home care rate, and any applicable state-approved SCI, that would have been paid if the child had remained in foster care.
6. The Kin-GAP payment that the child receives may change if other income is received by or on behalf of the child.
7. A child receiving Kin-GAP benefits may retain cash and other assets subject to limitations established by law.
8. A child receiving Kin-GAP shall be eligible for a clothing allowance in accordance with state law and as established by the county of legal responsibility.

9. For a youth eligible for a Kin-GAP benefit who is a teen parent and has a child living in the same home, the rate may include a two hundred dollar (\$200) monthly payment made to the relative caregiver in a whole family foster home.

10. If a child is living with a teen parent who is eligible for Kin-GAP benefits, the rate paid to the relative guardian on behalf of the teen parent shall include the "infant supplement" which is an additional benefit for the care and supervision of the child.

11. Payments on behalf of a child who is a recipient of Kin-GAP benefits and who is also a consumer of a California regional center services shall be based on the dual agency rates established by the State Department of Social Services.

12. Continuation of the Kin-GAP benefit depends upon my/our responsibility for the support of the child and on the child's continued receipt of my/our support.

13. I/We agree to inform the agency immediately if any of the following occurs:

- Our address changes.
- The youth is no longer residing in the family home.
- I/We are no longer providing any type of support to the youth.
- I/We are no longer responsible for the support of the youth.
- Guardianship is terminated and/or dependency is reinstated.
- The child begins to receive earned or unearned income (i.e., Social Security, SSI/SSP, other).

Failure to report these changes may result in an overpayment which may be recovered by a one-time charge or a reduction in current and future Kin-GAP benefits.

14. I/We understand that _____ (NAME OF CHILD) will remain eligible to receive a Kin-GAP benefit from the State of California regardless of where I/we reside.

15. I/We understand that under the terms of this agreement the child is eligible for medical services under Medi-Cal, California's Medicaid program. It is understood that if we move to another state we will need to apply for Medicaid in that state. I/We are aware that medical coverage and social services may vary in other states.

16. I/We understand that the child will not be eligible to receive a Kin-GAP payment after reaching the age of 18 years unless he or she is in school and is expected to graduate by the age of 19 years.

17. Effective January 1, 2012, a former dependent child or ward of the juvenile court who is eligible for the Kin-GAP program and who attained 16 years of age before originally entering the Kin-GAP program shall continue to receive aid up to 19 years of age; effective January 1, 2013, up to 20 years of age; and, effective January 1, 2014, up to 21 years of age [the extension of benefits for those between 20 and 21 years of age shall be contingent upon appropriation by the California Legislature], as long as one or more of the following conditions exist:

- (1) The individual is completing secondary education or a program leading to an equivalent credential.
- (2) The individual is enrolled in an institution which provides postsecondary or vocational education.
- (3) The individual is participating in a program or activity designed to promote or remove barriers to employment.
- (4) The individual is employed for at least 80 hours per month.
- (5) The individual is incapable of doing any of the activities described in (1) to (4), inclusive, due to a medical condition, and that incapability is supported by regularly updated information in the case plan of the individual.

18. Kin-GAP benefits shall continue to age 21 if the youth has a physical or mental disability that warrants the continuation of assistance.

Pursuant to Welfare and Institutions Code Section 1403(c), relative guardians who receive Kin-GAP payments are responsible for reporting to the responsible public agency when the nonminor former dependent no longer satisfies at least one of the five conditions described above.

19. I/We understand that under the terms of this agreement the child is eligible for services which include assistance in the filing of a petition to appoint a co-guardian or a successor guardian for the child to have dependency jurisdiction resumed, or to terminate guardianship.

20. I/We will not be charged or have to pay any fees or costs to establish guardianship.

21. Once the youth attains the age of 16, he or she may request and receive independent living program services.

22. The youth, who was in foster care between the ages of 16 - 18 while under the care and custody of the juvenile court, is eligible to apply for a Chaffee Education and Training Voucher.

23. I/We acknowledge that a copy of this written agreement has been received.

24. I/We understand that reimbursement can be made for reasonable and verified nonrecurring expenses incurred from obtaining legal guardianship to the extent the expenses don't exceed \$2,000. Reimbursement shall not be made for costs otherwise reimbursed from other sources.

25. In the event of my death or incapacitation I/we would like _____ to become the successor guardian.
(NAME OF SUCCESSOR GUARDIAN)

☐ I/We are in agreement with the provisions of this document.

☐ I/We are not in agreement with the provisions of this document and request a state hearing.

LEGAL GUARDIAN	DATE	RESPONSIBLE PUBLIC AGENCY REPRESENTATIVE	DATE
LEGAL GUARDIAN	DATE	RESPONSIBLE PUBLIC AGENCY NAME, ADDRESS TELEPHONE NUMBER	

TO REQUEST A REASSESSMENT, GET HELP CONCERNING GUARDIANSHIP OR TO REQUEST SERVICES, PLEASE CALL OR WRITE THE PUBLIC AGENCY LISTED ABOVE.

**NOTICE AND AGREEMENT FOR
CHILD, SPOUSAL AND MEDICAL SUPPORT****Complete one form for each noncustodial
parent or alleged father.****Assignment and Cooperation Rules**

You must assign (give to) the county any rights you may have for:

- Any child or spousal support payments you get while receiving cash aid.
- Medical support you get while getting Medi-Cal.

The receipt of a cash aid payment and/or Medi-Cal Benefits Identification Card (BIC) will assign the past and present support rights of all persons for whom you are requesting cash aid and/or medical assistance. You will be sent facts on the amount of support the county gets from the noncustodial parent(s).

Cooperation

You must cooperate with the county and the Local Child Support Agency (LCSA) to:

- Identify and locate any noncustodial parent/alleged father in your case;
- Tell the county or LCSA any time you get facts about the noncustodial parent/alleged father, such as place of residence or work location;
- Agree to cooperate in the support enforcement process or to claim good cause for refusing to cooperate by completing this Notice and Agreement;
- Complete the Child Support Questionnaire (CW 2.1Q) for each noncustodial parent or alleged father;
- Establish paternity and get child and/or spousal support;
- Submit to genetic testing if paternity is in question;
- Obtain any other payments or property due any member of your assistance unit;
- Obtain medical support money from any noncustodial parent and, if you get cash aid, obtain child support money;
- Tell the county about medical coverage or money for medical services paid by the noncustodial parent and complete the Health Insurance Questionnaire form (DHS 6155);
- Give the LCSA any medical support money from any noncustodial parent, and any child/spousal support money you get;
- Appear at the county or LCSA office to sign papers or give required facts;
- Appear at hearings or in court when necessary;
- Fill out and sign an Attestation Statement, if asked by the LCSA. On this form you declare under penalty of perjury that you have given all the facts you know about the noncustodial parent/alleged father. If you sign the form and you do not report all the facts or give wrong facts, you can be fined or sent to jail/prison.

Benefits of Cooperation

Your cooperation can help you and your child(ren). Finding the noncustodial parent and establishing paternity may give you and your child(ren) rights to future social security, veterans, or other benefits. The LCSA will continue enforcement after you go off cash aid or Medi-Cal unless you make a request in writing to the LCSA to stop.

Good Cause for Not Cooperating

- Good cause is the right to refuse to cooperate because it is not in the best interests of you or your child(ren).
- You have the right to claim good cause for not cooperating if you have an acceptable reason for refusing to cooperate with the county and the LCSA.
- The back of this form gives you facts about good cause. If you want more facts about good cause and/or refusal to cooperate, ask your worker to explain them to you.

Penalty for Refusal to Cooperate

If you do not have good cause, there are penalties if you refuse to assign support rights, refuse or fail to give the county any support given to you by the noncustodial parent(s), or refuse to cooperate with the LCSA, including in determining paternity.

- **For cash aid applicants/recipients:**

- If you refuse to assign support rights or refuse/fail to give the county any support given to you, you will not be eligible for cash aid or Medi-Cal. Your child(ren) may still be eligible for aid/benefits and your case will be referred to the LCSA.
- If you refuse or fail to cooperate in the paternity or support enforcement process, your family's grant will be lowered by 25 percent until you cooperate and you may not get Medi-Cal. This penalty ends effective the first day of the month in which you do cooperate.

- **For applicants/beneficiaries of Medi-Cal Only:** You will not be eligible for Medi-Cal benefits, but your child(ren) may still be eligible.

Certification and Agreement:

- I understand my rights and responsibilities as written on this notice.
- I understand the rules for assigning support rights to the county.
- I also understand my right to claim good cause.

☐ I agree to cooperate with the county and the LCSA as listed above.

☐ I claim good cause and refuse to cooperate at this time.

NAME OF NONCUSTODIAL PARENT/ALLEGED FATHER

☐ I refuse to assign child/spousal support rights (cash aid).

☐ I refuse to assign medical support rights (cash aid and Medi-Cal).

Signature of Parent or Caretaker Relative,
or Medi-Cal Applicant/Beneficiary

Date

Case Name

Case Number

I certify that I have notified the applicant, cash aid recipient, or Medi-Cal beneficiary of his/her rights and responsibilities by means of this notice and orally as needed.

County Worker's Signature

Worker's Number

Date

YOUR RIGHT TO CLAIM GOOD CAUSE

Reasons for Claiming Good Cause:

- Cooperation would increase the risk of physical, sexual, or emotional harm to the child(ren).
- Cooperation would increase the risk of domestic abuse for the parent or caretaker relative.
- The child(ren) was conceived due to incest or rape.
- Court proceedings are going on for the adoption of the child(ren).
- You are working with an adoption agency to help you decide whether to keep or place the child(ren) for adoption.
- You are cooperating in good faith but are not able to identify or help locate the noncustodial parent.
- You have other credible reasons why cooperation would not be in the best interest of the child(ren).

How to Claim Good Cause:

- If you want to claim good cause, you must tell your worker. You can do this whenever you believe you have good cause not to cooperate.
- You must also complete and sign the Good Cause Claim form which your worker will give you.
- If you claim good cause, you must:
 - Give the county proof that you have good cause for refusing to cooperate.
 - Give the proof to the county within 20 days of claiming good cause. The county will give you more time if it determines that you need more than 20 days to get your proof.
- If you are claiming good cause and it is not possible for you to get proof, tell the worker.

The Role of the County:

- The county reviews your Good Cause Claim and the proof you provide and decides whether you have good cause.
- The county investigates your facts.
- The county will tell you when you need to provide:
 - more proof to support your good cause claim, and/or
 - additional facts so that it will not be necessary to contact the noncustodial parent or alleged father.

What Is Acceptable Evidence to Claim Good Cause for Not Cooperating?

- Birth certificates, medical/mental health, rape crisis, domestic violence program, or police/sheriff records that show that the child(ren) was conceived due to incest or rape.
- Records that show you have asked for help with abuse toward you and/or the child(ren); or records that show evidence of abuse. These records can be from police/sheriff, governmental agency, or court records; facts from a domestic violence program or a professional from whom you have asked for help in dealing with abuse; physical evidence of abuse, or any other evidence that supports an exemption from the cooperation rules.
- Court documents or other records that show that a legal adoption is pending in court.
- A written statement from an adoption agency confirming that you are being helped to decide whether to keep or place your child(ren) up for adoption.
- Credible sworn statements under penalty of perjury about the history of abuse or the increased risk of abuse, from either you or other people who know about the reasons for your good cause claim for not cooperating.

The Role of the Local Child Support Agency (LCSA):

- If you request a hearing on the issue of good cause, the LCSA may take part in that hearing.
- The LCSA may try to establish paternity or collect child support if:
 - Establishing paternity or collecting child support will not increase risk of harm to you or the child(ren).
 - You do not have good cause for refusing to cooperate.
- After the county tells the LCSA that an applicant/recipient has claimed to be exempt from the cooperation rules, the LCSA will not pursue child support enforcement activities unless the applicant/recipient asks for these actions to begin or to begin again.

SUPPORT QUESTIONNAIRE**Instructions:**

You must answer ALL questions.

COMPLETE ONE FORM FOR EACH NONCUSTODIAL PARENT OR EACH UNMARRIED FATHER IN THE HOME.

Use ink. Print answer. Check Yes, No, or Unknown.

Use a separate piece of paper if you need more room.

FOR COUNTY USE ONLY

CWD CASE NAME	LCSA CASE NAME
CWD CASE NUMBER	LCSA CASE NUMBER
CWD WORKER NAME/NO.	LCSA WORKER NAME/NO.
TELEPHONE NUMBER ()	TELEPHONE NUMBER ()

SECTION 1 - COMPLETE THE FOLLOWING ABOUT YOURSELF

NAME (FIRST, MIDDLE, LAST)	MAIDEN NAME	SOCIAL SECURITY NUMBER (SSN)	BIRTHDATE	BIRTH PLACE	RACE
HOME ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY)		CITY	STATE	ZIP	TELEPHONE NUMBER ()
YOUR RELATIONSHIP TO CHILDREN		YOUR RELATIONSHIP TO NONCUSTODIAL PARENT/UNMARRIED FATHER IN THE HOME ☐ Spouse ☐ Ex-Spouse ☐ Friend ☐ Other			

SECTION 2 - COMPLETE THE FOLLOWING ABOUT THE NONCUSTODIAL PARENT OR UNMARRIED FATHER IN THE HOME

A. NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER (SSN)	☐ MALE ☐ FEMALE	BIRTHDATE	BIRTH PLACE
LAST KNOWN ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY)		HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
CITY	STATE	ZIP	SCARS, BIRTHMARKS, TATTOOS, NICKNAMES, ETC.		
WHEN WAS THIS ADDRESS CURRENT?		TELEPHONE NUMBER ()	WHEN DID YOU LAST HEAR FROM OR GET MAIL FROM THIS PARENT?		DOES THIS PARENT LIVE WITH YOU? ☐ YES ☐ NO
B. WHAT KIND OF INCOME DOES NONCUSTODIAL PARENT HAVE? ☐ Earnings ☐ Unemployment or Disability Insurance Benefits ☐ Social Security ☐ None ☐ Other					
LAST KNOWN EMPLOYER		TELEPHONE NUMBER ()			
STREET ADDRESS		TYPE OF WORK			
CITY	STATE	ZIP	UNION MEMBER? ☐ YES, UNION NAME ☐ NO ☐ UNKNOWN		
WHEN DID THIS PARENT LAST WORK THERE?		UNION ADDRESS:			
C. DOES THIS PARENT HAVE HEALTH INSURANCE FOR THE CHILDREN? ☐ YES ☐ NO ☐ UNKNOWN					
NAME OF INSURANCE		POLICY NUMBER		DATE OF COVERAGE	
D. PARENTS ARE OR HAVE BEEN ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ NEVER MARRIED WHERE DATE WHERE DATE ☐ LIVING TOGETHER					
E. IS THERE A COURT ORDER FOR SUPPORT? ☐ YES ☐ NO ☐ PENDING					
AMOUNT ORDERED \$		HOW OFTEN?		DATE OF COURT ORDER	
HOW DOES THE PARENT PAY? ☐ PAYS HOUSEHOLD BILLS ☐ TO YOU ☐ TO COUNTY ☐ PAYROLL DEDUCTION ☐ OTHER		WHEN DID PARENT LAST PAY?		COURT ORDER NUMBER	
LOCATION OF COURT (COUNTY & STATE)					
F. NAME OF A FRIEND OR RELATIVE OF NONCUSTODIAL PARENT					
ADDRESS (NUMBER AND STREET)		RELATIONSHIP TO NONCUSTODIAL PARENT		TELEPHONE NUMBER ()	
CITY		STATE		ZIP	
G. DOES THIS PARENT OWN ANY MOTOR VEHICLES? ☐ YES ☐ NO ☐ UNKNOWN					
MAKE		MODEL		YEAR	
DOES THIS PARENT OWN A HOUSE, LAND, BUILDINGS, OR BANK ACCOUNTS?		LICENSE NO.		STATE	
H. DOES THIS PARENT CURRENTLY ON PROBATION OR PAROLE? ☐ YES ☐ NO ☐ UNKNOWN					
WHAT COUNTY OR STATE?					
J. HAS THIS PARENT EVER BEEN IN JAIL OR PRISON? ☐ YES ☐ NO ☐ UNKNOWN					
IF YES, WHEN/WHERE?					
K. HAS THIS PARENT EVER BEEN IN THE MILITARY? ☐ YES ☐ NO ☐ UNKNOWN					
IF YES, WHEN/WHAT BRANCH?					
L. ARE YOU ABLE TO IDENTIFY OR HELP LOCATE THE NONCUSTODIAL PARENT? ☐ YES ☐ NO					

SECTION 3 - CHILDREN (IN YOUR HOME) OF THIS PARENT OR UNMARRIED FATHER

NAME OF CHILD					PATERNITY DECLARATION				
☐ M	☐ F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	MFG	☐ YES	☐ NO	☐ UNK	
					☐ DATE SIGNED	COUNTY			
☐ M	☐ F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	MFG	☐ YES	☐ NO	☐ UNK	
					☐ DATE SIGNED	COUNTY			
☐ M	☐ F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	MFG	☐ YES	☐ NO	☐ UNK	
					☐ DATE SIGNED	COUNTY			
☐ M	☐ F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	MFG	☐ YES	☐ NO	☐ UNK	
					☐ DATE SIGNED	COUNTY			

SECTION 4 - SUPPORT ENFORCEMENT SERVICES (MEDI-CAL ONLY)☐ I don't want other child support enforcement services.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE STATE OF CALIFORNIA THAT THE INFORMATION IN THIS QUESTIONNAIRE IS TRUE, CORRECT AND COMPLETE.

SIGNATURE

DATE

STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR AFDC-FOSTER CARE(FC)

INSTRUCTIONS: Complete in ink all questions to the left of the heavy black line. The parent/legal guardian completes the non-shaded sections of this form instead of the BCJA 2 or SAWS 2 at redetermination only; the placement worker/county welfare department is to complete the shaded portions. The placement worker/county welfare department may complete all sections of this form instead of the BCJA 2 or SAWS 2 at application and redetermination when the parent/legal guardian is:

☐ Not available ☐ Not cooperating ☐ Deceased ☐ Incapacitated

1. Child Name _____ 2. ☐ Male ☐ Female

3. Address _____

4. Birth date _____

5. Birthplace _____

6. Social Security # _____

Applied For?

☐ Yes ☐ No

7. Citizen of U.S.? ☐ Yes ☐ No

8. Alien Status: _____

9. Does the child have medical insurance? ☐ Yes ☐ No

If yes, list policy number, company name, and name of policy: _____

10. Does the child have real or personal property? ☐ Yes ☐ No

If yes, list property type (land, cash, auto, motorcycle, life insurance, trust fund, bank account, bond, etc.) and its value: _____

11. Does the child have income? ☐ Yes ☐ No ☐ Unknown*

If yes, list amounts below. If application pending, check associated box.

Income Type	Amount	Pending
Social Security		☐
Child Support		☐
Railroad Retirement		☐
SSI/SSP		☐
Veteran's Benefits		☐
Salary/Wages		☐
Other (specify)		☐
Total Amount/Month		☐

* If unknown, please explain: _____

12. Name of School or Training Program: _____

TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF

13. If child has salary/wages, is the child attending school at least half-time? ☐ Yes ☐ No

14. Does the child have an Independent Living Program Plan? ☐ Yes ☐ No

COMPLETE BELOW FOR CHILDREN 17 AND OLDER

15. Does the child attend school on a full-time basis? ☐ Yes ☐ No

16. Expected graduation/completion before 19th birthday? ☐ Yes ☐ No

ELIGIBILITY WORKER ONLY**DATE:**

☐ APPLICATION
☐ REDETERMINATION

CASE NAME _____

CASE NUMBER _____

VERIFICATION

AGE _____

SOCIAL SECURITY NUMBER _____

CITIZENSHIP/ALIEN STATUS _____

DHS 6155 ☐

CHILD'S PROPERTY _____

CHILD'S INCOME/PENDING INCOME _____

ILP _____

VERIFIED BY SCHOOL **YES**

SCHOOL ATTENDANCE ☐

GRADUATION ☐

17. PARENTAL INFORMATION				VERIFICATION	
	Parent 1	Parent 2	Parent 3		
Name				CHILD SUPPORT REFERRAL	
Relationship					
Maiden Name					
Date of Birth					
Birthplace					
Social Security #					
Address					
Telephone #					
U.S. Citizen (yes or no)					
Veteran (Branch, Years in Service, Serial #)					
18. DEPRIVATION -- INITIAL AND REDETERMINATION				DEPRIVATION	
A. Is either the mother or father deceased? ☐ yes, fill-in A1 and skip to #19. Deprivation exists, pending verification. ☐ no, PROCEED to B. A1. Deceased parent(s) name: _____ ☐ Location of death: _____ ☐ Date of death: _____					
B. Did the mother and/or the father relinquish the child or have either parents' parental rights been terminated (TPR)? ☐ yes, fill-in B1 and skip to #19. Deprivation exists, pending verification. ☐ no, PROCEED to C. B1. Relinquishing/TPR parent (s): _____ Date of Relinquishment(s) TPR(S): _____					
C. Are the mother and father living together? ☐ no, skip to #19. Deprivation exists, pending verification ☐ yes, PROCEED to D.					
D. Is either the mother or father physically or mentally incapacitated? ☐ yes, skip to #19. Deprivation exists, pending verification. ☐ no, PROCEED to E.					
E. Is either parent unemployed? ☐ no, go to #19. ☐ yes, go to #19.				DOCUMENTATION IN FILE: ☐ CA 341 (Medical report) ☐ Written statement from physician ☐ other substantiation (EAS 41-430)	
TO BE COMPLETED BY COUNTY WELFARE DEPARTMENT AT REDETERMINATION ONLY					
19. REDETERMINATION OF DEPRIVATION - GOOD FAITH EFFORTS					
If the parent(s) is unavailable or uncooperative, please list below the good faith efforts made to contact the parent(s) (i.e., 2 phone calls attempted, 2 letters sent, 1 piece of returned mail, 1 home visit attempted, 1 failure to keep scheduled appointment, etc.) to redetermine deprivation: _____ _____ _____ _____					GOOD FAITH EFFORTS MADE? ☐ YES ☐ NO

DIRECTIONS: QUESTIONS 20-23 MUST BE COMPLETED AT INITIAL APPLICATION; QUESTIONS 20-21 MUST ALSO BE COMPLETED AT REDETERMINATIONS WHEN THERE ARE ANY CHANGES TO THE INFORMATION BELOW.

VERIFICATION

20 Parental Financial Information

	Parent 1	Parent 2	Parent 3
Name			
Relationship			
Occupation			
Name of Employer			
Address of Employer			
Work Hours/Month			
Gross Monthly Wage			
Child Support Paid			
Child Support Received			
Disability (State, Workers' Compensation, etc.)			
Unemployment Benefits			
Pensions			
SSI/SSP			
Veteran's Benefits			
Other Monthly Income (i.e., social security, etc.)			
Application for Income Pending (yes, no, or unknown)			
Accounts (checking, savings, etc.)			
Name of Financial Institution			
Address of Financial Institution			
Cash on Hand			
Other Assets			
Personal Property			
Real Property & Address			
Auto (Year/Model)			

PARENTAL INCOME

PARENTAL PENDING INCOME

PARENTAL RESOURCES

TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF

21 What is the authority for the child's out-of-home placement?

☐ Voluntary placement agreement (SOC 155)	Date: _____
☐ Relinquishment - Mother	Date: _____
☐ Relinquishment - Father	Date: _____
☐ Termination of Parental Rights	Date: _____
☐ Child/Agency Agreement	Date: _____
☐ Nonrelated legal guardian	Date: _____
☐ Court Order	

Check box to indicate in which court order the finding was made. Enter date of hearing/order.

Court Order Findings	Detention Date:	Jurisdictional Date:	Dispositional Date:	Petition/Other Date:
a) Continuance in the home is contrary to the welfare of the minor.				
b) Placement and care is vested with the county.				
c) Reasonable efforts to prevent the removal of the child were made or the lack of preplacement preventative efforts was reasonable.				

COURT ORDER FINDINGS MADE?

FINDING a: ☐ YES ☐ NO
 FINDING b: ☐ YES ☐ NO
 FINDING c: ☐ YES ☐ NO

TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF AT APPLICATION ONLY				VERIFICATION
Check appropriate box:	Yes	No	Insufficient Information	POEM
22. Would the services case file support a determination that the parent or relative from whom removed had minimal income and resources and that the child probably would have been eligible for public assistance in the month of removal?				
23. Has the child lived with the parent or relative from whom removed within the last 6 months?				
PARENT/LEGAL GUARDIAN: I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.				☐ ELIGIBLE FACILITIES REQUIREMENTS MET ☐ SERVICES REQUIREMENTS MET
SIGNATURE OF PARENT/LEGAL GUARDIAN				
COUNTY WHERE SIGNED		DATE		
PLACEMENT WORKER: ALL INFORMATION RECORDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.				
SIGNATURE OF PLACEMENT WORKER (NOT APPLICABLE IF PARENT OF LEGAL GUARDIAN AVAILABLE)				
NAME OF AGENCY		DATE		☐ NOT ELIGIBLE ☐ ELIGIBLE ☐ FEDERAL ☐ NONFEDERAL ☐ OTHER
SIGNATURE OF ELIGIBILITY WORKER		DATE		
SIGNATURE OF ELIGIBILITY WORKER SUPERVISOR		DATE		
PERSONAL INFORMATION NOTICE Pursuant to the Federal Privacy Act (P.L. 93-679) and the Information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Forms Officer.				

DETERMINATION OF FEDERAL AFDC-FC ELIGIBILITY

INSTRUCTIONS: Complete this form in all cases when a juvenile court order has been issued. To be eligible for federal AFDC-FC, items 1 through 6 must be answered YES. Complete all items. Complete the Verification column with information from the JA 2/SAWS 2 or FC 2 and SOC 158A.

Child's Name	Case Name	Case Number	Court Number
Name of Relative From Whom the Child Was Removed		Relationship	Petition Date:

FEDERAL AFDC - FC ELIGIBILITY REQUIREMENTS	VERIFICATION
1. The child meets all general AFDC-FC eligibility requirements as established on the JA2/SAWS 2 or FC 2. ☐ Yes ☐ No	☐ IEVS verification ☐ Other verification
2. The child was removed from the home of a parent or relative by: ☐ Voluntary placement agreement Date _____ ☐ Detention Order ☐ Jurisdictional/Dispositional Order ☐ Yes ☐ No Date _____ Date _____ Does Court Order contain requisite language for federal eligibility? ☐ Yes ☐ No • Reasonable efforts made to prevent removal of child from home. • Continuance in home would be contrary to welfare of child. • Placement and care vested in appropriate agency. The Court Order ☐ Is in effect ☐ Dismissed because ☐ Child is 18 or over ☐ Relinquishment/parental rights terminated	
3. Does the child meet AFDC linkage requirements (as in effect July 16, 1996) in the month of petition? ☐ Yes ☐ No ☐ Yes, lived with parent/relative from whom removed in the month of petition and would have been eligible for AFDC had application been made.(POEM determination) ☐ Yes, lived with parent/relative from whom removed within any of the previous 6 months prior to the month of petition and would have been eligible for AFDC had application been made in the month of petition. (POEM determination) ☐ No, insufficient information. ☐ No, does not meet linkage requirements.	
4. Does deprivation exist? ☐ Yes ☐ No Death ☐ Incapacity ☐ Unemployment ☐ Absence ☐	
5. Is the child in an eligible facility? Give code from reverse side. ☐ Yes ☐ No 	
6. Will payment be made to an eligible payee? Give code from reverse side. ☐ Yes ☐ No 	
☐ Not Eligible for federal AFDC-FC ☐ Insufficient Information. Not eligible for federal AFDC-FC ☐ Eligible for federal AFDC-FC Items 1-6 answered YES Effective Date of Federal Eligibility	
Eligibility Worker Signature Date Completed	
Summary of family circumstances at time of removal: 	

FC 3 CODES

CODES FOR QUESTION 5: ELIGIBLE FACILITIES (45-202.5/45-203.4)

- 01 Approved home of relative
- 02 Certified, license-pending
- 03 Licensed family home
- 04 Family home certified by nonprofit FFA licensed by SDSS
- 05 Private, nonprofit group home licensed by SDSS
- 06 Approved facility/family home on an Indian reservation
- 07 Public Child Care institution

CODES FOR QUESTION 6: ELIGIBLE PAYEE (45-301.11)

- 01 Approved family home
- 02 Licensed, private, nonprofit group home
- 03 Cooperating public or licensed nonprofit private child placement or child care agency with responsibility for placement and care of the child
- 04 Licensed homefinding agency which certified the exclusive-use home in which the child has been placed.

FEDERAL AFDC-FC ELIGIBILITY REQUIREMENTS Eligibility & Assistance Standards (EAS)

Age	(45-201.11)
Property	(45-201.12)
Residence	(45-201.13)
Citizenship/Alienage	(45-201.14)
Social Security	(45-201.15)
Income/Need	(45-201.2)
Child Support	(45-201.3)
Services	(45-201.4)
Deprivation	(45-201.1)(45-203.1)
With Whom Child Placed	(45-202.2)(45-203.2)
AFDC/FG/U Linkage	(45-202.3)
Authority For Placement	(45-202.4)(45-203.3)
Eligible Facilities	(45-202.5)(45-203.4)
Placement and Care	(45-202.6)(45-203.5)

AFDC-FG/U WORKSHEET

INSTRUCTIONS: Complete the following to determine if the child would have received federal AFDC-FG/U (as it existed July 16, 1996) in the Month of the petition based on the circumstances in the home of the parent or relative from whom the child was removed. The AFDC-FG/U linkage requirement is met when all items are answered YES.

Child's Name	Month of Petition	Date Child Last Resided with Parent or Relative From Whom Removed
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FEDERAL AFDC - FG/U ELIGIBILITY REQUIREMENTS				VERIFICATION
1. Total Persons in AU/FU	Total 185% MBSAC + Special Needs		Total MBSAC + Nonrecurring Special Needs —	EARNINGS VERIFICATION ON FILE: ☐ Yes ☐ No UNEARNED VERIFICATION ON FILE: ☐ Yes ☐ No OTHER VERIFICATIONS ON FILE (LIST): INCOME LINKAGE ESTABLISHED (185% TEST AND FINANCIAL BIG TEST) ☐ Yes ☐ No
A. 185% of MBSAC INCOME TEST		AMOUNT	B. FINANCIAL ELIGIBILITY TEST	
1. Gross Earnings			1. Gross Earnings	
2. Current Child Support Received by DA or Recipient	+		2. Work-Related Expenses (\$90)	
3. Other Unearned Income (Specify)	+		3. \$30 and 1/3 Exemption (If applicable)	
4. Excluded persons Gross Income	+		4. Dependent Care (Up to \$200 each)	
5.	+		5. NET EARNINGS	
6.	+		6. Other Nonexempt Income	
7.	+		7. Child Support Collected by DA	
8.	+		8. Court Ordered Child Support Paid	
TOTAL INCOME		=	TOTAL NET NONEXEMPT INCOME	
Gross Income Eligible?		☐ Yes ☐ No	Financially Eligible? ☐ Yes ☐ No	

2. Is the property of all persons in the AU/FU in the month of the petition below the allowable limit? ☐ Yes ☐ No
(COMPLETE BELOW.)

ITEM	NET MARKET VALUE	ITEM	NET MARKET VALUE
a. Cash and Securities		f.	+
b. Cash Surrender Value of Life Insurance	+	g. Real Property (Specify)	+
c. Motor Vehicle	+	h.	+
d. Other Personal Property (Specify)	+	i.	+
e.	+	J. TOTAL PROPERTY	=

RESOURCES VERIFIED:

☐ Yes ☐ No

AFDC-FG U LINKAGE DETERMINATION:

☐ NOT ELIGIBLE FOR FEDERAL AFDC-FG U in month of petition

☐ INSUFFICIENT INFORMATION Not eligible for federal AFDC-FG U

☐ Eligible for federal AFDC-FG U in month of petition

DATE: _____

NOTIFICATION OF AFDC-FOSTER CARE TRANSFER**SECTION A - SENDING COUNTY COMPLETES (PLEASE TYPE OR PRINT)**

CASE NAME	CASE NUMBER	CHILD'S PARENTS' NAME(S)
CHILD'S NAME	CHILD'S SOCIAL SECURITY NUMBER	DA CHILD SUPPORT NUMBER(S)
SENDING COUNTY ADDRESS		PAYEE NAME (IF FAMILY PLACEMENT - RELATIONSHIP)
RECEIVING COUNTY ADDRESS		ADDRESS OF FOSTER HOME OR INSTITUTION
DISCONTINUANCE DATE/END OF TRANSFER PERIOD		DATE JURISDICTION TRANSFERRED
CURRENT PAYMENT AMOUNT:	BASIC RATE: \$	SPECIALIZED CARE RATE: \$
	INFANT SUPPLEMENT: \$	CURRENT CLOTHING ALLOWANCE: \$
		☐ INITIAL ☐ ANNUAL:
AID PROGRAMS:	☐ FEDERAL FOSTER CARE ☐ STATE FOSTER CARE ☐ EMERGENCY ASSISTANCE ☐ MEDI-CAL ONLY ☐ COUNTY ONLY "NOT-TO-EXCEED DATE:"	

DOCUMENTATION:**ENCLOSED N/A**

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | EA AUTHORIZATION DOCUMENTS [EA 1/ ACE SCREEN PRINT, OR OTHER DOCUMENTS] |
| ☐ | | SAWS 1 |
| ☐ | | FC 2/JA 2 |
| ☐ | | SOC 158A OR EQUIVALENT: |
| ☐ | | BIRTH CERTIFICATE/ALIEN STATUS DOCUMENTATION |
| ☐ | | SOCIAL SECURITY NUMBER DOCUMENTATION |
| ☐ | | FC 3/FC 3A - VERIFICATION OF DEPRIVATION |
| ☐ | ☐ | EVIDENCE SUPPORTING FEDERAL ELIGIBILITY [LINKAGE & DEPRIVATION] |
| ☐ | | COURT ORDER/AUTHORITY FOR PLACEMENT DOCUMENTATION |
| | ☐ | ☐ DETENTION ORDER ☐ DOCUMENTATION OF THREE JUDICIAL FINDINGS |
| | ☐ | ☐ TRANSFER OF JURISDICTION ☐ GUARDIANSHIP/RELINQUISHMENT PAPERS |
| | ☐ | ☐ JURISDICTION ORDER ☐ DISPOSITION ORDER |
| | ☐ | ☐ PERMANENCY HEARING ORDER(S) WITH REASONABLE EFFORTS FINDINGS |
| ☐ | ☐ | PROPERTY OF MINOR/TRUST INFORMATION |
| ☐ | ☐ | INCOME OF MINOR: _____ TYPE: _____ AMOUNT \$ _____ |
| ☐ | ☐ | INDEPENDENT LIVING PLAN |
| ☐ | ☐ | 18 YEARS OLD AND OVER DOCUMENTS [MUTUAL AGREEMENT, SCHOOL VERIFICATION] |
| ☐ | ☐ | DHS6155 HEALTH INSURANCE QUESTIONNAIRE |
| ☐ | ☐ | APPLICATIONS PENDING (SSI/SSP) |
| ☐ | ☐ | FC 4 |
| ☐ | ☐ | OTHER: |

SOCIAL WORKER'S NAME	SOCIAL WORKER NUMBER	SOCIAL WORKER'S TELEPHONE NUMBER ()
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COMMENTS:

ELIGIBILITY WORKER'S NAME	ELIGIBILITY WORKER NUMBER	ELIGIBILITY WORKER'S TELEPHONE NUMBER ()
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SECTION B: RECEIVING COUNTY COMPLETES: (PLEASE TYPE OR PRINT)

- | | |
|---|--|
| ☐ TRANSFER ACCEPTED | ☐ TRANSFER NOT ACCEPTED - REASON: |
| ☐ CASE ELIGIBLE - WILL BEGIN ON: | ☐ CASE INELIGIBLE - REASON: |

ELIGIBILITY WORKER'S NAME	ELIGIBILITY WORKER NUMBER	ELIGIBILITY WORKER'S TELEPHONE NUMBER ()
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DISTRICT OFFICE

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2015-0908-03	REGULATORY ACTION NUMBER 2016-0429-013	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

FILED

in the office of the Secretary of State
of the State of California

JUN 13 2016

At 1:30 O'Clock P M.

By *[Signature]*
Deputy Secretary of StateAGENCY WITH RULEMAKING AUTHORITY
California Department of Social ServicesAGENCY FILE NUMBER (If any)
ORD #0615-08

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE IHSS Health Care Certification Requirement		TITLE(S) MPP	FIRST SECTION AFFECTED 30-701	2. REQUESTED PUBLICATION DATE September 18, 2015
3. NOTICE TYPE ☒ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON Kenneth Jennings	TELEPHONE NUMBER (916) 651-8862	FAX NUMBER (Optional) (916) 654-3286
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2015 38-2	PUBLICATION DATE 09-18-2015 <i>per agency request</i>

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

J.T.E., 06-09-2016

1a. SUBJECT OF REGULATION(S) IHSS Health Care Certification Requirement		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT 30-754 AMEND 30-701 REPEAL	
TITLE(S) MPP			
3. TYPE OF FILING			
☒ Regular Rulemaking (Gov. Code §11346) ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) ☐ Emergency (Gov. Code, §11346.1(b)) ☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) ☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☐ File & Print ☐ Other (Specify) _____ ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) ☐ Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) March 15 through March 30, 2016			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) ☒ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) ☐ Effective on filing with Secretary of State ☐ \$100 Changes Without Regulatory Effect ☐ Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY ☒ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal ☐ Other (Specify) _____			
7. CONTACT PERSON Kenneth Jennings		TELEPHONE NUMBER (916) 651-8862	FAX NUMBER (Optional) (916) 654-3286
		E-MAIL ADDRESS (Optional) kenneth.jennings@dss.ca.gov	

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

BRIAN DOUGHERTY, Administration Deputy Director

4/25/14

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUN 13 2016

Office of Administrative Law

Amend Section 30-701 to read:

30-701 SPECIAL DEFINITIONS (Continued)

30-701

(l) (1) (Continued)

- (2) A Licensed Health Care Professional means a person who is a physician as defined and authorized to provide for the purposes of signing the Health Care Certification (LHCP-HCC) is an individual licensed in this the sState of California by the appropriate regulatory agency, acting within the scope of his/her license or certificate as defined in accordance with the California Business and Professions Code, and whose primary responsibilities are to diagnose and/or provide treatment and care for, physical or mental impairments which cause or contribute to an individual's functional limitations.

(3) (Continued)

Authority Cited: Sections 10553, 10554, 12301.1, and 22009(b), Welfare and Institutions Code; and Chapter 939, Statutes of 1992 (AB 1773).

Reference: Sections 10554, 11102, 12300(c), 12301, 12301.6, 12304, 12305.81, 12305.87, 12306, 12308, 12309.1, 13302, 14132.95, 14132.95(e), 14132.95(f), and 22004, Welfare and Institutions Code.

Adopt Section 30-754 to read:

30-754 **HEALTH CARE CERTIFICATION**

30-754

- .1 As a condition of receiving services, each applicant shall provide a health care certification.
- .11 The health care certification shall:
 - .111 Indicate that the applicant is unable to independently perform one or more activities of daily living;
 - .112 Indicate that without services to assist the applicant with activities of daily living, the applicant is at risk of placement in out-of-home care;
 - .113 Provide a description of any condition or functional limitation that has resulted in, or contributed to, the applicant's need for services; and
 - .114 Be signed by a LHCP-HCC, as defined in Section 30-701(1)(2).

HANDBOOK BEGINS HERE

- (a) Individuals who are considered to be LHCP-HCCs include, but are not limited to, the following:
 - (1) A Physician;
 - (2) A Physician Assistant;
 - (3) A Regional Center Clinician or Clinician Supervisor;
 - (4) An Occupational therapist;
 - (5) A Physical Therapist;
 - (6) A Psychiatrist;
 - (7) A Psychologist;
 - (8) An Optometrist;
 - (9) An Ophthalmologist;
 - (10) A Public Health Nurse;
 - (11) A Licensed Clinical Social Worker; or

(12) A Marriage and Family Therapist.

HANDBOOK ENDS HERE

- .12 The completed and signed health care certification shall not be dated more than 60 days prior to the date it is submitted to the county.
- .13 The health care certification shall not be required on subsequent reassessments.
- .2 The health care certification shall be provided on a department-approved form, incorporated in its entirety herein by reference, the California Department of Social Services In-Home Supportive Services Program Health Care Certification (SOC 873 (10/16)).
- .21 The county shall accept alternative documentation in place of the SOC 873 (10/16) provided that the alternative documentation meets the following criteria:
 - .211 Alternative documentation shall include all of the following elements:
 - (a) A statement or description indicating the applicant is unable to independently perform one or more activities of daily living, and that without services to assist the applicant with activities of daily living, the applicant is at risk of placement in out-of-home care;
 - (b) A description of the applicant's condition or functional limitation that has contributed to the need for assistance; and
 - (c) A signature with date of a LHCP-HCC, as defined in Section 30-701(1)(2).
 - .212 Alternative documentation shall not be dated more than 60 days prior to the date it is submitted to the county.
- .22 Alternative documentation refers to clinical or casework documents generated for some purpose other than IHSS certification that also meets the criteria above.

HANDBOOK BEGINS HERE

- .221 Examples of alternative documentation include, but are not limited to, the following:
 - (a) A hospital or nursing facility discharge plan;
 - (b) Minimum Data Set forms, which is a standardized screening and assessment tool used to evaluate the physical, clinical, psychological and psycho-social functioning and document the life care wishes of residents of long-term care facilities certified to participate in Medicare or Medicaid (Medi-Cal); or

- (c) An Individual Program Plan, which is an agreement developed by the planning team for a developmentally disabled individual who receives Regional Center services, that outlines the individual's goals and objectives, and specifies the services and supports he/she will need to achieve them.

HANDBOOK ENDS HERE

- .23 In the absence of such alternative documentation, the SOC 873 (10/16) shall be utilized.
- .3 The county shall request the health care certification from the applicant at or before the time of the in-home assessment.
- .31 If the health care certification is requested before the in-home assessment, the county shall screen applications received and, for those in which clear evidence of a need for services exists, the county shall not delay conducting the in-home assessment until the completed and signed health care certification is received by the county.
- .32 At the time the county requests the health care certification, the county shall provide the applicant with the department approved notice, the California Department of Social Services In-Home Supportive Services Program Notice to Applicant of Health Care Certification Requirement (SOC 874 (10/16)), incorporated in its entirety herein by reference, on which the county has specified the date by which the completed and signed health care certification shall be returned.
- .321 The county shall retain a copy of the notice, which includes the specified due date, in the applicant's file.
- .4 The county shall allow 45 calendar days from the day the county requests the health care certification for the completed and signed health care certification to be submitted to the county.
- .41 The completed and signed health care certification shall be received by the county or postmarked no later than the 45th calendar day after it is requested by the county.
- .5 The county shall consider the health care certification as one indicator, but not the sole determining factor, in determining an applicant's need for services.
- .6 The county may not authorize services in the absence of the health care certification except in following circumstances:
- .61 When services have been requested by or on behalf of an applicant who is being discharged from a hospital or a nursing home and services are needed to return safely to the community.

- .62 When the county determines the applicant is at imminent risk of out-of-home placement.

HANDBOOK BEGINS HERE

- .621 An example of imminent risk of out-of-home placement:

- (a) An Adult Protective Services worker advised the county that an IHSS applicant is at imminent risk of out-of-home placement without IHSS services in place. If the county determines that waiting up to 45 calendar days for the health care certification to be returned would place an IHSS applicant at risk of out-of-home placement, services can be granted temporarily pending receipt of the health care certification or alternative documentation.

HANDBOOK ENDS HERE

- .63 Applicants who have been granted an exception, pursuant to Sections 30-754.6 through 30-754.62, shall return the completed health care certification within 45 calendar days from the date it is requested by the county.
- .64 Applicants who have been granted an exception, pursuant to Sections 30-754.6 through 30-754.62, may be granted an additional 45 calendar days for good cause.
- .641 Good cause means a substantial and compelling reason beyond the control of the applicant who has been granted an exception.
- .642 Counties shall inform the applicant who has been granted an exception, pursuant to Sections 30-754.6 through 30-754.62, that he/she may request additional time to provide the health care certification or alternative documentation.
- .643 Applicants who have been granted an exception, pursuant to Sections 30-754.6 through 30-754.62, shall notify the county of the need for a good cause extension no later than 45 calendar days from the date the county requests the certification.
- .644 Counties have the discretion to determine on a case-by-case basis when good cause exists.

HANDBOOK BEGINS HERE

- .645 Some examples of good cause include but are not limited to:

- (a) Applicant was in the hospital for much of the 45-day timeframe;
- (b) The LHCP-HCC was scheduling appointments out for more than the 45-day timeframe; or

(c) The form was lost in the mail.

HANDBOOK ENDS HERE

.65 When the county grants an exception pursuant to Section 30-754.61 and authorizes services before the in-home assessment has been conducted, the county shall provide the applicant with a notice of provisional approval of his/her application for services.

.651 The notice shall include information about the specific services and the amount of time being provisionally authorized.

.652 The notice of provisional approval shall be in lieu of the Notice of Action required pursuant to Section 10-116 and shall not confer the right to a hearing pursuant to Section 10-117.

.653 Once the in-home assessment has been conducted, the county shall provide the applicant a Notice of Action as required pursuant to Section 10-116 which shall confer the right to a hearing pursuant to Section 10-117.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 12309.1, Welfare and Institutions Code.

Adopt**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
HEALTH CARE CERTIFICATION FORM****A. APPLICANT/RECIPIENT INFORMATION (To be completed by the county)**

Applicant/Recipient Name: _____ Date of Birth: _____

Address: _____

County of Residence: _____ IHSS Case #: _____

IHSS Worker Name: _____

IHSS Worker Phone #: _____ IHSS Worker Fax #: _____

**B. AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION
(To be completed by the applicant/recipient)**

I, _____, (PRINT NAME) authorize the release of health care information related to my physical and/or mental condition to the In-Home Supportive Services program as it pertains to my need for domestic/related and personal care services.

Signature: _____ Date: ____/____/____
(APPLICANT/RECIPIENT OR LEGAL GUARDIAN/CONSERVATOR)

Witness (if the individual signs with an "X"): _____ Date: ____/____/____

TO: LICENSED HEALTH CARE PROFESSIONAL* -

The above-named individual has applied for or is currently receiving services from the In-Home Supportive Services (IHSS) program. State law requires that in order for IHSS services to be authorized or continued a licensed health care professional must provide a health care certification declaring the individual above is unable to perform some activity of daily living independently and without IHSS the individual would be at risk of placement in out-of-home care. This health care certification form must be completed and returned to the IHSS worker listed above. The IHSS worker will use the information provided to evaluate the individual's present condition and his/her need for out-of-home care if IHSS services were not provided. The IHSS worker has the responsibility for authorizing services and service hours. The information provided in this form will be considered as one factor of the need for services, and all relevant documentation will be considered in making the IHSS determination.

IHSS is a program intended to enable aged, blind, and disabled individuals who are most at risk of being placed in out-of-home care to remain safely in their own home by providing domestic/related and personal care services. IHSS services include: housekeeping, meal preparation, meal clean-up, routine laundry, shopping for food or other necessities, assistance with respiration, bowel and bladder care, feeding, bed baths, dressing, menstrual care, assistance with ambulation, transfers, bathing and grooming, rubbing skin and repositioning, care/assistance with prosthesis, accompaniment to medical appointments/alternative resources, yard hazard abatement, heavy cleaning, protective supervision (observing the behavior of a non-self-directing, confused, mentally impaired or mentally ill individual and intervening as appropriate to safeguard recipient against injury, hazard or accident), and paramedical services (activities requiring a judgment based on training given by a licensed health care professional, such as administering medication, puncturing the skin, etc., which an individual would normally perform for him/herself if he/she did not have functional limitations, and which, due to his/her physical or mental condition, are necessary to maintain his/her health). The IHSS program provides hands-on and/or verbal assistance (reminding or prompting) for the services listed above.

**Licensed Health Care Professional means an individual licensed in California by the appropriate California regulatory agency, acting within the scope of his or her license or certificate as defined in the Business and Professions Code. These include, but are not limited to: physicians, physician assistants, regional center clinicians or clinician supervisors, occupational therapists, physical therapists, psychiatrists, psychologists, optometrists, ophthalmologists and public health nurses.*

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM HEALTH CARE CERTIFICATION FORM

Applicant/Recipient Name:

IHSS Case #:

C. HEALTH CARE INFORMATION (To be completed by a Licensed Health Care Professional Only)

NOTE: ITEMS #1 & 2 (AND 3 & 4, IF APPLICABLE) MUST BE COMPLETED AS A CONDITION OF IHSS ELIGIBILITY.

1. Is this individual <u>unable</u> to independently perform one or more activities of daily living (e.g., eating, bathing, dressing, using the toilet, walking, etc.) or instrumental activities of daily living (e.g., housekeeping, preparing meals, shopping for food, etc.)?	☐ YES ☐ NO
2. In your opinion, is one or more IHSS service recommended in order to prevent the need for out-of-home care (See description of IHSS services on Page 1)?	☐ YES ☐ NO
<i>If you answered "NO" to either Question #1 OR #2, skip Questions #3 and #4 below, and complete the rest of the form including the certification in PART D at the bottom of the form.</i> <i>If you answered "YES" to both Question #1 AND #2, respond to Questions #3 and #4 below, and complete the certification in PART D at the bottom of the form.</i>	
3. Provide a description of any physical and/or mental condition or functional limitation that has resulted in or contributed to this individual's need for assistance from the IHSS program:	
4. Is the individual's condition(s) or functional limitation(s) expected to last at least 12 consecutive months OR expect to result in death within 12 months?	
☐ YES ☐ NO	

Please complete Items # 5 - 8, to the extent you are able, to further assist the IHSS worker in determining this individual's eligibility.

5. Describe the nature of the services you provide to this individual (e.g., medical treatment, nursing care, discharge planning, etc.):

6. How long have you provided service(s) to this individual?

7. Describe the frequency of contact with this individual (e.g., monthly, yearly, etc.):

8. Indicate the date you last provided services to this individual: ____ / ____ / ____

NOTE: THE IHSS WORKER MAY CONTACT YOU FOR ADDITIONAL INFORMATION OR TO CLARIFY THE RESPONSES YOU PROVIDED ABOVE.

D. LICENSED HEALTH CARE PROFESSIONAL CERTIFICATION

By signing this form, I certify that I am licensed in the State of California and all information provided above is correct.

Name:

Title:

Address:

Phone #:

Fax #:

Signature:

Date:

Professional License Number:

Licensing Authority:

PLEASE RETURN THIS FORM TO THE IHSS WORKER LISTED ON PAGE 1.

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM NOTICE TO APPLICANT OF HEALTH CARE CERTIFICATION REQUIREMENT

State Law (Welfare and Institutions Code section 12309.1) requires that each person applying for IHSS provide a health care certification from a licensed health care professional (LHCP) before they can get IHSS.

The certification must be completed by a LHCP, such as a physician (doctor), physician assistant, regional center clinician or clinician supervisor, occupational therapist, physical therapist, psychiatrist, psychologist, optometrist, ophthalmologist, public health nurse, etc.

The certification must state that you are not able to do some activities of daily living (ADLs) on your own and that without help to do these activities you would be at risk of placement in out-of-home care.

Basic ADLs are: eating, bathing, dressing, using the toilet, walking, and getting out of bed or a chair. Other ADLs are: housekeeping, preparing meals, shopping for food or other necessities, taking medication, etc.

Attached is a blank copy of the Health Care Certification Form (SOC 873) that you can give to your LHCP to complete. If you want, the county can send it to the LHCP for you but you will have to give the county the LHCP's name and address.

The county may accept alternative documentation in place of the SOC 873 as long as it meets all of the following requirements:

1. Indicates that you are not able to do one or more ADLs on your own and without services you are at risk of placement in out-of-home care,
2. Describes the medical or other condition that makes you unable to do ADLs on your own and causes you to need IHSS, and
3. Has been signed by a LHCP within the last 60 days.

Whether you give the SOC 873 to the LHCP yourself or the county sends it for you, you are responsible for making sure it is completed and returned to the county within **45 days** from the date the county worker requested it.

If you do not provide the SOC 873 or alternative documentation to the county within 45 days, your application for IHSS will be denied. As with any county action taken on your case, you may request a state hearing if you do not agree with the county's decision.

Under certain limited circumstances, such as when services are requested because you are being discharged from a hospital or nursing facility and you need services to return safely to your home, or the county determines that you are at risk of placement in out-of-home care, the county may grant an exception that would allow you to get IHSS on a temporary basis before the county receives the completed SOC 873 or alternative documentation. However, even if an exception is granted, you will still be required to provide one of these documents for the county within the 45-day timeframe to determine if you can continue getting IHSS. If you have been granted an exception but you are not able to get the SOC 873 from your LHCP within 45 days, call your social worker **before the due date** to tell him/her why you are not able to meet the due date and ask if the county can grant you more time.

If you have questions about the health care certification requirement, ask the social worker who has been assigned to your case.

DUE BY: ____/____/____

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2016-0525 OIN	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

AGENCY WITH RULEMAKING AUTHORITY
California Department of Social Services

ORIGINAL
For use by Secretary of State only

FILED

in the office of the Secretary of State of the State of California

JUL - 7 2016

At 1:47 O'Clock P. M.

By *[Signature]*
Deputy Secretary of State

AGENCY FILE NUMBER (If any)
ORD # 0316-04

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Smoke Free and Carbon Monoxide Detector, Section 100		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT	
TITLE(S) 22, MPP		AMEND 83074, 83087, 84074, 84087, 86074, 86087, 86574, 86587, 89374, 89387	
3. TYPE OF FILING		REPEAL	
☐ Regular Rulemaking (Gov. Code §11346) ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) ☐ Emergency (Gov. Code, §11346.1(b)) ☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) ☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☐ File & Print ☐ Other (Specify) _____ ☒ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) ☐ Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) ☐ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) ☐ Effective on filing with Secretary of State ☒ §100 Changes Without Regulatory Effect ☐ Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY ☐ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal ☐ Other (Specify) _____			
7. CONTACT PERSON Oliver Chu		TELEPHONE NUMBER (916) 657-3588	FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) oliver.chu@dss.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

Brian Dougherty, Deputy Director, Administration Division

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUL 07 2016

Office of Administrative Law

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U.S. DEPARTMENT OF JUSTICE

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U.S. DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D.C. 20530
JAN 10 1964
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Amend Section 83074 to read:

83074 Transportation

83074

- (a) In addition to Section 80074, the following shall apply. (Continued)
- (c) The caregiver and his/her staff are prohibited from smoking a tobacco product, or permitting any person from smoking a tobacco product ~~pipe, cigar or cigarette containing tobacco or any other plant~~ in a motor vehicle that is regularly used to transport children, regardless of when the minor children are present. This prohibition applies when the motor vehicle is moving or at rest. Smoking has the same meaning as in subdivision (c) of Section 22950.5 of the Business and Professions Code, and tobacco product means a product or device as defined in subdivision (d) of Section 22950.5 of the Business and Professions Code.

HANDBOOK BEGINS HERE

Business and Professions Code 22950.5(c) and (d) provide:

(c) "Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, whether natural or synthetic, in any manner or in any form. "Smoking" includes the use of an electronic smoking device that creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking.

(d) (1) "Tobacco product" means any of the following:

(A) A product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff.

(B) An electronic device that delivers nicotine or other vaporized liquids to the person inhaling from the device, including, but not limited to, an electronic cigarette, cigar, pipe, or hookah.

(C) Any component, part, or accessory of a tobacco product, whether or not sold separately.

HANDBOOK ENDS HERE

Authority cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1530.7, 1531 and 118948, Health and Safety Code; and 22950.5 (c) and (d), Business and Professions Code.

Amend Section 83087 to read:

83087 Buildings and Grounds

83087

- (a) In addition to Section 80087, the following shall apply. (Continued)
- (e) Every small family home shall have one or more carbon monoxide detectors in the home that meets the standards established in Health and Safety Code Chapter 8 (commencing with Section 13260) of Part 2 of Division 12.

HANDBOOK BEGINS HERE

Health and Safety Code Section 13260 provides:

"This chapter shall be known and may be cited as the Carbon Monoxide Poisoning Prevention Act of 2010."

Health and Safety Code Section 13261 provides:

"The Legislature finds and declares all of the following:

"(a) According to the American Medical Association, carbon monoxide is the leading cause of accidental poisoning deaths in the United States. The federal Centers for Disease Control and Prevention estimate that carbon monoxide kills approximately 500 people each year and injures another 20,000 people nationwide.

(b) According to the United States Environmental Protection Agency, a person cannot see or smell carbon monoxide. At high levels carbon monoxide can kill a person in minutes. Carbon monoxide is produced whenever any fuel, such as gas, oil, kerosene, wood, or charcoal, is burned.

(c) The State Air Resources Board estimates that every year carbon monoxide accounts for between 30 and 40 avoidable deaths, possibly thousands of avoidable illnesses, and between 175 and 700 avoidable emergency room and hospital visits.

(d) There are well-documented chronic health effects of acute carbon monoxide poisoning or prolonged exposure to carbon monoxide, including, but not limited to, lethargy, headaches, concentration problems, amnesia, psychosis, Parkinson's disease, memory impairment, and personality alterations.

(e) Experts estimate that equipping every home with a carbon monoxide device would cut accident-related costs by 93 percent. Eighteen states and a number of large cities have laws mandating the use of carbon monoxide devices.

(f) Carbon monoxide devices provide a vital, highly effective, and low-cost protection against carbon monoxide poisoning and these devices should be made available to every home in

California.

(g) The Homeowners' Guide to Environmental Hazards prepared pursuant to Section 10084 of the Business and Professions Code is an important educational tool and should include information regarding carbon monoxide. It is the intent of the Legislature that when the booklet is next updated as existing resources permit, or as private resources are made available, it be updated to include a section on carbon monoxide."

Health and Safety Code Section 13262 provides:

"(a) 'Carbon monoxide device' means a device that meets all of the following requirements:

(1) A device designed to detect carbon monoxide and produce a distinct, audible alarm.

(2) A device that is battery powered, a plug-in device with battery backup, or a device installed as recommended by Standard 720 of the National Fire Protection Association that is either wired into the alternating current power line of the dwelling unit with a secondary battery backup or connected to a system via a panel.

(3) If the device is combined with a smoke detector, the combined device shall comply with all of the following:

(A) The standards that apply to carbon monoxide alarms as described in this chapter.

(B) The standards that apply to smoke detectors, as described in Section 13113.7.

(C) The combined device emits an alarm or voice warning in a manner that clearly differentiates between a carbon monoxide alarm warning and a smoke detector warning.

(4) The device has been tested and certified, pursuant to the requirements of the American National Standards Institute (ANSI) and Underwriters Laboratories Inc. (UL) as set forth in either ANSI/UL 2034 or ANSI/UL 2075, or successor standards, by a nationally recognized testing laboratory listed in the directory of approved testing laboratories established by the Building Materials Listing Program of the Fire Engineering Division of the Office of the State Fire Marshal of the Department of Forestry and Fire Protection.

(b) 'Dwelling unit intended for human occupancy' means a single-family dwelling, factory-built home as defined in Section 19971, duplex, lodging house, dormitory, hotel, motel, condominium, stock cooperative, time-share project, or dwelling unit in a multiple-unit dwelling unit building or buildings. "Dwelling unit intended for human occupancy" does not mean a property owned or leased by the state, the Regents of the University of California, or a local governmental agency.

(c) 'Fossil fuel' means coal, kerosene, oil, wood, fuel gases, and other petroleum or hydrocarbon products, which emit carbon monoxide as a byproduct of combustion."

Health and Safety Code Section 13263 provides:

"(a) (1) The State Fire Marshal shall develop a certification and decertification process to approve and list carbon monoxide devices and to disapprove and delist previously approved devices, if necessary. The certification and decertification process shall include consideration of effectiveness and reliability of the devices, including, but not limited to, their propensity to record false alarms. The certification and decertification process shall include a review of the manufacturer's instructions and shall ensure their consistency with building standards applicable to new construction for the relevant type of occupancy with respect to number and placement.

(2) The State Fire Marshal shall charge an appropriate fee to the manufacturer of a carbon monoxide device to cover his or her costs associated with the approval and listing of carbon monoxide devices.

(b) A person shall not market, distribute, offer for sale, or sell any carbon monoxide device in this state unless the device and the instructions have been approved and listed by the State Fire Marshal."

HANDBOOK ENDS HERE

Authority cited: Section 1530 Health and Safety Code.

Reference: Sections 1501, 1503.2, 1531, 13260, 13261, 13262 and 13263 Health and Safety Code and *"The Health Consequences of Involuntary Exposure to Tobacco Smoke": A Report of the Surgeon General (2006).*

Amend Section 84074 to read:

84074 Transportation

84074

- (a) In addition to Section 80074, the following shall apply:
- (b) The licensee and his/her staff are prohibited from smoking a tobacco product, or permitting any person from smoking a tobacco product ~~pipe, cigar or cigarette containing tobacco or any other plant~~ in a motor vehicle that is regularly used to transport children, regardless of when the minor children are present. This prohibition applies when the motor vehicle is moving or at rest. Smoking has the same meaning as in subdivision (c) of Section 22950.5 of the Business and Professions Code, and tobacco product means a product or device as defined in subdivision (d) of Section 22950.5 of the Business and Professions Code.

HANDBOOK BEGINS HERE

Business and Professions Code 22950.5(c) and (d) provide:

(c) "Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, whether natural or synthetic, in any manner or in any form. "Smoking" includes the use of an electronic smoking device that creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking.

(d) (1) "Tobacco product" means any of the following:

(A) A product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff.

(B) An electronic device that delivers nicotine or other vaporized liquids to the person inhaling from the device, including, but not limited to, an electronic cigarette, cigar, pipe, or hookah.

(C) Any component, part, or accessory of a tobacco product, whether or not sold separately.

HANDBOOK ENDS HERE

Authority cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1530.7, 1531, ~~and~~ 118948, Health and Safety Code; and 22950.5(c) and (d), Business and Professions Code.

Amend Section 84087 to read:

84087 Buildings and Grounds

84087

(a) (Continued)

(d) Every group home shall have one or more carbon monoxide detectors in the facility that meets the standards established in Health and Safety Code Chapter 8 (commencing with Section 13260) of Part 2 of Division 12.

HANDBOOK BEGINS HERE

Health and Safety Code Section 13260 provides:

"This chapter shall be known and may be cited as the Carbon Monoxide Poisoning Prevention Act of 2010."

Health and Safety Code Section 13261 provides:

"The Legislature finds and declares all of the following:

(a) According to the American Medical Association, carbon monoxide is the leading cause of accidental poisoning deaths in the United States. The federal Centers for Disease Control and Prevention estimate that carbon monoxide kills approximately 500 people each year and injures another 20,000 people nationwide.

(b) According to the United States Environmental Protection Agency, a person cannot see or smell carbon monoxide. At high levels carbon monoxide can kill a person in minutes. Carbon monoxide is produced whenever any fuel, such as gas, oil, kerosene, wood, or charcoal, is burned.

(c) The State Air Resources Board estimates that every year carbon monoxide accounts for between 30 and 40 avoidable deaths, possibly thousands of avoidable illnesses, and between 175 and 700 avoidable emergency room and hospital visits.

(d) There are well-documented chronic health effects of acute carbon monoxide poisoning or prolonged exposure to carbon monoxide, including, but not limited to, lethargy, headaches, concentration problems, amnesia, psychosis, Parkinson's disease, memory impairment, and personality alterations.

(e) Experts estimate that equipping every home with a carbon monoxide device would cut accident-related costs by 93 percent. Eighteen states and a number of large cities have laws mandating the use of carbon monoxide devices.

(f) Carbon monoxide devices provide a vital, highly effective, and low-cost protection against

carbon monoxide poisoning and these devices should be made available to every home in California.

(g) The Homeowners' Guide to Environmental Hazards prepared pursuant to Section 10084 of the Business and Professions Code is an important educational tool and should include information regarding carbon monoxide. It is the intent of the Legislature that when the booklet is next updated as existing resources permit, or as private resources are made available, it be updated to include a section on carbon monoxide."

Health and Safety Code Section 13262 provides:

"For purposes of this chapter, the following definitions shall apply:

(a) 'Carbon monoxide device' means a device that meets all of the following requirements:

(1) A device designed to detect carbon monoxide and produce a distinct, audible alarm.

(2) A device that is battery powered, a plug-in device with battery backup, or a device installed as recommended by Standard 720 of the National Fire Protection Association that is either wired into the alternating current power line of the dwelling unit with a secondary battery backup or connected to a system via a panel.

(3) If the device is combined with a smoke detector, the combined device shall comply with all of the following:

(A) The standards that apply to carbon monoxide alarms as described in this chapter.

(B) The standards that apply to smoke detectors, as described in Section 13113.7.

(C) The combined device emits an alarm or voice warning in a manner that clearly differentiates between a carbon monoxide alarm warning and a smoke detector warning.

(4) The device has been tested and certified, pursuant to the requirements of the American National Standards Institute (ANSI) and Underwriters Laboratories Inc. (UL) as set forth in either ANSI/UL 2034 or ANSI/UL 2075, or successor standards, by a nationally recognized testing laboratory listed in the directory of approved testing laboratories established by the Building Materials Listing Program of the Fire Engineering Division of the Office of the State Fire Marshal of the Department of Forestry and Fire Protection.

(b) 'Dwelling unit intended for human occupancy' means a single-family dwelling, factory-built home as defined in Section 19971, duplex, lodging house, dormitory, hotel, motel, condominium, stock cooperative, time-share project, or dwelling unit in a multiple-unit dwelling unit building or buildings. 'Dwelling unit intended for human occupancy' does not mean a property owned or leased by the state, the Regents of the University of California, or a local governmental agency.

(c) 'Fossil fuel' means coal, kerosene, oil, wood, fuel gases, and other petroleum or hydrocarbon products, which emit carbon monoxide as a byproduct of combustion."

Health and Safety Code Section 13263 provides:

"(a) (1) The State Fire Marshal shall develop a certification and decertification process to approve and list carbon monoxide devices and to disapprove and delist previously approved devices, if necessary. The certification and decertification process shall include consideration of effectiveness and reliability of the devices, including, but not limited to, their propensity to record false alarms. The certification and decertification process shall include a review of the manufacturer's instructions and shall ensure their consistency with building standards applicable to new construction for the relevant type of occupancy with respect to number and placement.

(2) The State Fire Marshal shall charge an appropriate fee to the manufacturer of a carbon monoxide device to cover his or her costs associated with the approval and listing of carbon monoxide devices.

(b) A person shall not market, distribute, offer for sale, or sell any carbon monoxide device in this state unless the device and the instructions have been approved and listed by the State Fire Marshal."

HANDBOOK ENDS HERE

Authority cited: Section 1530 Health and Safety Code.

Reference: Sections 1501, 1503.2, 1530.8, ~~and 1531~~, 13260, 13261, 13262, and 13263, Health and Safety Code; and *"The Health Consequences of Involuntary Exposure to Tobacco Smoke": A Report of the Surgeon General (2006).*

Amend Section 86074 to read:

86074 Transportation

86074

(a) (Continued)

(1) (Continued)

- (2) The licensee and his/her staff are prohibited from smoking a tobacco product, or permitting any person from smoking a tobacco product pipe, cigar or cigarette containing tobacco or any other plant in a motor vehicle that is regularly used to transport children, regardless of when the minor children are present. This prohibition applies when the motor vehicle is moving or at rest. Smoking has the same meaning as in subdivision (c) of Section 22950.5 of the Business and Professions Code, and tobacco product means a product or device as defined in subdivision (d) of Section 22950.5 of the Business and Professions Code.

HANDBOOK BEGINS HERE

Business and Professions Code 22950.5(c) and (d) provide:

(c) "Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, whether natural or synthetic, in any manner or in any form. "Smoking" includes the use of an electronic smoking device that creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking.

(d) (1) "Tobacco product" means any of the following:

(A) A product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff.

(B) An electronic device that delivers nicotine or other vaporized liquids to the person inhaling from the device, including, but not limited to, an electronic cigarette, cigar, pipe, or hookah.

(C) Any component, part, or accessory of a tobacco product, whether or not sold separately.

HANDBOOK ENDS HERE

Authority cited: Sections 1530 and 1559.110, Health and Safety Code.

Reference: Sections 1501, 1530.7, 1531 and 118948, Health and Safety Code;; Section 16522.1, Welfare and Institutions Code; and Sections 27315 and 27360, Vehicle Code; and 22950.5(c) and (d), Business and Professions Code.

Amend Section 86087 to read:

86087 Buildings and Grounds

86087

- (a) THPP licensees are not subject to the provisions of Section 80087. Instead, THPP licensees are subject to the following and the following shall apply: (Continued)
- (g) Each approved housing model shall have one or more carbon monoxide detectors that meets the standards established in Health and Safety Code Chapter 8 (commencing with Section 13260) of Part 2 of Division 12.

HANDBOOK BEGINS HERE

Health and Safety Code Section 13260 provides:

"This chapter shall be known and may be cited as the Carbon Monoxide Poisoning Prevention Act of 2010."

Health and Safety Code Section 13261 provides:

"The Legislature finds and declares all of the following:

(a) According to the American Medical Association, carbon monoxide is the leading cause of accidental poisoning deaths in the United States. The federal Centers for Disease Control and Prevention estimate that carbon monoxide kills approximately 500 people each year and injures another 20,000 people nationwide.

(b) According to the United States Environmental Protection Agency, a person cannot see or smell carbon monoxide. At high levels carbon monoxide can kill a person in minutes. Carbon monoxide is produced whenever any fuel, such as gas, oil, kerosene, wood, or charcoal, is burned.

(c) The State Air Resources Board estimates that every year carbon monoxide accounts for between 30 and 40 avoidable deaths, possibly thousands of avoidable illnesses, and between 175 and 700 avoidable emergency room and hospital visits.

(d) There are well-documented chronic health effects of acute carbon monoxide poisoning or prolonged exposure to carbon monoxide, including, but not limited to, lethargy, headaches, concentration problems, amnesia, psychosis, Parkinson's disease, memory impairment, and personality alterations.

(e) Experts estimate that equipping every home with a carbon monoxide device would cut accident-related costs by 93 percent. Eighteen states and a number of large cities have laws mandating the use of carbon monoxide devices.

(f) Carbon monoxide devices provide a vital, highly effective, and low-cost protection against carbon monoxide poisoning and these devices should be made available to every home in California.

(g) The Homeowners' Guide to Environmental Hazards prepared pursuant to Section 10084 of the Business and Professions Code is an important educational tool and should include information regarding carbon monoxide. It is the intent of the Legislature that when the booklet is next updated as existing resources permit, or as private resources are made available, it be updated to include a section on carbon monoxide."

Health and Safety Code section 13262 provides:

"For purposes of this chapter, the following definitions shall apply:

(a) 'Carbon monoxide device' means a device that meets all of the following requirements:

(1) A device designed to detect carbon monoxide and produce a distinct, audible alarm.

(2) A device that is battery powered, a plug-in device with battery backup, or a device installed as recommended by Standard 720 of the National Fire Protection Association that is either wired into the alternating current power line of the dwelling unit with a secondary battery backup or connected to a system via a panel.

(3) If the device is combined with a smoke detector, the combined device shall comply with all of the following:

(A) The standards that apply to carbon monoxide alarms as described in this chapter.

(B) The standards that apply to smoke detectors, as described in Section 13113.7.

(C) The combined device emits an alarm or voice warning in a manner that clearly differentiates between a carbon monoxide alarm warning and a smoke detector warning.

(4) The device has been tested and certified, pursuant to the requirements of the American National Standards Institute (ANSI) and Underwriters Laboratories Inc. (UL) as set forth in either ANSI/UL 2034 or ANSI/UL 2075, or successor standards, by a nationally recognized testing laboratory listed in the directory of approved testing laboratories established by the Building Materials Listing Program of the Fire Engineering Division of the Office of the State Fire Marshal of the Department of Forestry and Fire Protection.

(b) 'Dwelling unit intended for human occupancy' means a single-family dwelling, factory-built home as defined in Section 19971, duplex, lodging house, dormitory, hotel, motel, condominium, stock cooperative, time-share project, or dwelling unit in a multiple-unit dwelling unit building or buildings. "Dwelling unit intended for human occupancy" does not mean a property owned or leased by the state, the Regents of the University of California, or a local

governmental agency.

(c) 'Fossil fuel' means coal, kerosene, oil, wood, fuel gases, and other petroleum or hydrocarbon products, which emit carbon monoxide as a byproduct of combustion."

Health and Safety Code Section 13263 provides:

"(a) (1) The State Fire Marshal shall develop a certification and decertification process to approve and list carbon monoxide devices and to disapprove and delist previously approved devices, if necessary. The certification and decertification process shall include consideration of effectiveness and reliability of the devices, including, but not limited to, their propensity to record false alarms. The certification and decertification process shall include a review of the manufacturer's instructions and shall ensure their consistency with building standards applicable to new construction for the relevant type of occupancy with respect to number and placement.

(2) The State Fire Marshal shall charge an appropriate fee to the manufacturer of a carbon monoxide device to cover his or her costs associated with the approval and listing of carbon monoxide devices.

(b) A person shall not market, distribute, offer for sale, or sell any carbon monoxide device in this state unless the device and the instructions have been approved and listed by the State Fire Marshal."

HANDBOOK ENDS HERE

Authority cited: Sections 1530 and 1559.110 Health and Safety Code.

Reference: Sections 1501, 1503.2, 1531, ~~and~~ 1559.110, 13260, 13261, 13262 and 13263 Health and Safety Code; and Section 16522.1, Welfare and Institutions Code; and *"The Health Consequences of Involuntary Exposure to Tobacco Smoke": A Report of the Surgeon General (2006).*

Amend Section 86574 to read:

86574 Transportation

86574

- (a) The license shall ensure that all transportation provided for children in their care is provided in vehicles that are in safe operating condition and that drivers comply with all applicable laws. (Continued)
- (d) The licensee and his/her staff are prohibited from smoking a tobacco product, or permitting any person from smoking a tobacco product pipe, cigar or cigarette containing tobacco or any other plant in a motor vehicle that is regularly used to transport children, regardless of when the minor children are present. This prohibition applies when the motor vehicle is moving or at rest. Smoking has the same meaning as in subdivision (c) of Section 22950.5 of the Business and Professions Code, and tobacco product means a product or device as defined in subdivision (d) of Section 22950.5 of the Business and Professions Code.

HANDBOOK BEGINS HERE

Business and Professions Code 22950.5(c) and (d) provide:

(c) "Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, whether natural or synthetic, in any manner or in any form. "Smoking" includes the use of an electronic smoking device that creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking.

(d) (1) "Tobacco product" means any of the following:

(A) A product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff.

(B) An electronic device that delivers nicotine or other vaporized liquids to the person inhaling from the device, including, but not limited to, an electronic cigarette, cigar, pipe, or hookah.

(C) Any component, part, or accessory of a tobacco product, whether or not sold separately.

HANDBOOK ENDS HERE

Authority cited: Sections 1530 and 1559.110, Health and Safety Code.

Reference: Sections 1501, 1516, 1530.7, 1531 and 118948, Health and Safety Code; and 22950.5(c) and (d), Business and Professions Code.

Amend Section 86587 to read:

86587 Building and Grounds

86587

- (a) The crisis nursery shall be clean, safe, sanitary and in good repair at all times for the safety and well-being of the children, staff, and visitors. (Continued)
- (l) Every Crisis Nursery shall have one or more carbon monoxide detectors in the facility that meets the standards established in Health and Safety Code Chapter 8 (commencing with Section 13260) of Part 2 of Division 12

HANDBOOK BEGINS HERE

Health and Safety Code Section 13260 provides:

"This chapter shall be known and may be cited as the Carbon Monoxide Poisoning Prevention Act of 2010."

Health and Safety Code Section 13261 provides:

"The Legislature finds and declares all of the following:

(a) According to the American Medical Association, carbon monoxide is the leading cause of accidental poisoning deaths in the United States. The federal Centers for Disease Control and Prevention estimate that carbon monoxide kills approximately 500 people each year and injures another 20,000 people nationwide.

(b) According to the United States Environmental Protection Agency, a person cannot see or smell carbon monoxide. At high levels carbon monoxide can kill a person in minutes. Carbon monoxide is produced whenever any fuel, such as gas, oil, kerosene, wood, or charcoal, is burned.

(c) The State Air Resources Board estimates that every year carbon monoxide accounts for between 30 and 40 avoidable deaths, possibly thousands of avoidable illnesses, and between 175 and 700 avoidable emergency room and hospital visits.

(d) There are well-documented chronic health effects of acute carbon monoxide poisoning or prolonged exposure to carbon monoxide, including, but not limited to, lethargy, headaches, concentration problems, amnesia, psychosis, Parkinson's disease, memory impairment, and personality alterations.

(e) Experts estimate that equipping every home with a carbon monoxide device would cut accident-related costs by 93 percent. Eighteen states and a number of large cities have laws mandating the use of carbon monoxide devices.

(f) Carbon monoxide devices provide a vital, highly effective, and low-cost protection against carbon monoxide poisoning and these devices should be made available to every home in California.

(g) The Homeowners' Guide to Environmental Hazards prepared pursuant to Section 10084 of the Business and Professions Code is an important educational tool and should include information regarding carbon monoxide. It is the intent of the Legislature that when the booklet is next updated as existing resources permit, or as private resources are made available, it be updated to include a section on carbon monoxide."

Health and Safety Code section 13262 provides:

"For purposes of this chapter, the following definitions shall apply:

(a) 'Carbon monoxide device' means a device that meets all of the following requirements:

(1) A device designed to detect carbon monoxide and produce a distinct, audible alarm.

(2) A device that is battery powered, a plug-in device with battery backup, or a device installed as recommended by Standard 720 of the National Fire Protection Association that is either wired into the alternating current power line of the dwelling unit with a secondary battery backup or connected to a system via a panel.

(3) If the device is combined with a smoke detector, the combined device shall comply with all of the following:

(A) The standards that apply to carbon monoxide alarms as described in this chapter.

(B) The standards that apply to smoke detectors, as described in Section 13113.7.

(C) The combined device emits an alarm or voice warning in a manner that clearly differentiates between a carbon monoxide alarm warning and a smoke detector warning.

(4) The device has been tested and certified, pursuant to the requirements of the American National Standards Institute (ANSI) and Underwriters Laboratories Inc. (UL) as set forth in either ANSI/UL 2034 or ANSI/UL 2075, or successor standards, by a nationally recognized testing laboratory listed in the directory of approved testing laboratories established by the Building Materials Listing Program of the Fire Engineering Division of the Office of the State Fire Marshal of the Department of Forestry and Fire Protection.

(b) 'Dwelling unit intended for human occupancy' means a single-family dwelling, factory-built home as defined in Section 19971, duplex, lodging house, dormitory, hotel, motel, condominium, stock cooperative, time-share project, or dwelling unit in a multiple-unit dwelling unit building or buildings. 'Dwelling unit intended for human occupancy' does not mean a property owned or leased by the state, the Regents of the University of California, or a local governmental agency.

(c) 'Fossil fuel' means coal, kerosene, oil, wood, fuel gases, and other petroleum or hydrocarbon products, which emit carbon monoxide as a byproduct of combustion."

Health and Safety Code Section 13263 provides:

"(a) (1) The State Fire Marshal shall develop a certification and decertification process to approve and list carbon monoxide devices and to disapprove and delist previously approved devices, if necessary. The certification and decertification process shall include consideration of effectiveness and reliability of the devices, including, but not limited to, their propensity to record false alarms. The certification and decertification process shall include a review of the manufacturer's instructions and shall ensure their consistency with building standards applicable to new construction for the relevant type of occupancy with respect to number and placement.

(2) The State Fire Marshal shall charge an appropriate fee to the manufacturer of a carbon monoxide device to cover his or her costs associated with the approval and listing of carbon monoxide devices.

(b) A person shall not market, distribute, offer for sale, or sell any carbon monoxide device in this state unless the device and the instructions have been approved and listed by the State Fire Marshal."

HANDBOOK ENDS HERE

Authority cited: Section 1530, Health and Safety Code.

Reference: Sections 1501, 1503.2, 1516, ~~and~~ 1531, 13260, 13261, 13262 and 13263
Health and Safety Code.

Amend Section 89374 to read:

89374 Transportation

89374

- (a) The caregiver shall ensure that persons who transport "child" use vehicles that are in safe operating condition. (Continued)
- (1) The caregiver and his/her staff are prohibited from smoking a tobacco product, or permitting any person from smoking a tobacco product pipe, cigar or cigarette containing tobacco or any other plant in a motor vehicle that is regularly used to transport children, regardless of when the minor children are present. This prohibition applies when the motor vehicle is moving or at rest. Smoking has the same meaning as in subdivision (c) of Section 22950.5 of the Business and Professions Code, and tobacco product means a product or device as defined in subdivision (d) of Section 22950.5 of the Business and Professions Code.

HANDBOOK BEGINS HERE

Business and Professions Code 22950.5(c) and (d) provide:

(c) "Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, whether natural or synthetic, in any manner or in any form. "Smoking" includes the use of an electronic smoking device that creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking.

(d) (1) "Tobacco product" means any of the following:

(A) A product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff.

(B) An electronic device that delivers nicotine or other vaporized liquids to the person inhaling from the device, including, but not limited to, an electronic cigarette, cigar, pipe, or hookah.

(C) Any component, part, or accessory of a tobacco product, whether or not sold separately.

HANDBOOK ENDS HERE

Authority Cited: Sections 1530 and 1530.5, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001).

Reference: Sections 1501, 1530.7, 1531, and 118948, Health and Safety Code; and Section 362.05, Welfare and Institutions Code; and 22950.5(c) and (d), Business and Professions Code.

Amend Section 89387 to read:

89387 Buildings and Grounds

89387

(a) The caregiver shall provide bedrooms in the home which shall meet, at a minimum, the following requirements unless a Documented Alternative Plan (LIC 973) is approved.
(Continued)

(q) The licensee shall prohibit smoking inside the home.

(r) Smoking on the outside of the home is permitted, as long as the child is not present.

(s) Every foster family homes shall have one or more carbon monoxide detectors in the home that meets the standards established in Health and Safety Code Chapter 8 (commencing with Section 13260) of Part 2 of Division 12.

HANDBOOK BEGINS HERE

Health and Safety Code Section 13260 provides:

"This chapter shall be known and may be cited as the Carbon Monoxide Poisoning Prevention Act of 2010."

Health and Safety Code Section 13261 provides:

"The Legislature finds and declares all of the following:

(a) According to the American Medical Association, carbon monoxide is the leading cause of accidental poisoning deaths in the United States. The federal Centers for Disease Control and Prevention estimate that carbon monoxide kills approximately 500 people each year and injures another 20,000 people nationwide.

(b) According to the United States Environmental Protection Agency, a person cannot see or smell carbon monoxide. At high levels carbon monoxide can kill a person in minutes. Carbon monoxide is produced whenever any fuel, such as gas, oil, kerosene, wood, or charcoal, is burned.

(c) The State Air Resources Board estimates that every year carbon monoxide accounts for between 30 and 40 avoidable deaths, possibly thousands of avoidable illnesses, and between 175 and 700 avoidable emergency room and hospital visits.

(d) There are well-documented chronic health effects of acute carbon monoxide poisoning or prolonged exposure to carbon monoxide, including, but not limited to, lethargy, headaches, concentration problems, amnesia, psychosis, Parkinson's disease, memory impairment, and personality alterations.

(e) Experts estimate that equipping every home with a carbon monoxide device would cut accident-related costs by 93 percent. Eighteen states and a number of large cities have laws mandating the use of carbon monoxide devices.

(f) Carbon monoxide devices provide a vital, highly effective, and low-cost protection against carbon monoxide poisoning and these devices should be made available to every home in California.

(g) The Homeowners' Guide to Environmental Hazards prepared pursuant to Section 10084 of the Business and Professions Code is an important educational tool and should include information regarding carbon monoxide. It is the intent of the Legislature that when the booklet is next updated as existing resources permit, or as private resources are made available, it be updated to include a section on carbon monoxide."

Health and Safety Code Section 13262 provides:

"For the purposes of the chapter, the following definitions shall apply:

(a) 'Carbon monoxide device' means a device that meets all of the following requirements:

(1) A device designed to detect carbon monoxide and produce a distinct, audible alarm.

(2) A device that is battery powered, a plug-in device with battery backup, or a device installed as recommended by Standard 720 of the National Fire Protection Association that is either wired into the alternating current power line of the dwelling unit with a secondary battery backup or connected to a system via a panel.

(3) If the device is combined with a smoke detector, the combined device shall comply with all of the following:

(A) The standards that apply to carbon monoxide alarms as described in this chapter.

(B) The standards that apply to smoke detectors, as described in Section 13113.7.

(C) The combined device emits an alarm or voice warning in a manner that clearly differentiates between a carbon monoxide alarm warning and a smoke detector warning.

(4) The device has been tested and certified, pursuant to the requirements of the American National Standards Institute (ANSI) and Underwriters Laboratories Inc. (UL) as set forth in either ANSI/UL 2034 or ANSI/UL 2075, or successor standards, by a nationally recognized testing laboratory listed in the directory of approved testing laboratories established by the Building Materials Listing Program of the Fire Engineering Division of the Office of the State Fire Marshal of the Department of Forestry and Fire Protection.

(b) 'Dwelling unit intended for human occupancy' means a single-family dwelling, factory-built

home as defined in Section 19971, duplex, lodging house, dormitory, hotel, motel, condominium, stock cooperative, time-share project, or dwelling unit in a multiple-unit dwelling unit building or buildings. "Dwelling unit intended for human occupancy" does not mean a property owned or leased by the state, the Regents of the University of California, or a local governmental agency.

(c) 'Fossil fuel' means coal, kerosene, oil, wood, fuel gases, and other petroleum or hydrocarbon products, which emit carbon monoxide as a byproduct of combustion."

Health and Safety Code Section 13263 provides:

"(a) (1) The State Fire Marshal shall develop a certification and decertification process to approve and list carbon monoxide devices and to disapprove and delist previously approved devices, if necessary. The certification and decertification process shall include consideration of effectiveness and reliability of the devices, including, but not limited to, their propensity to record false alarms. The certification and decertification process shall include a review of the manufacturer's instructions and shall ensure their consistency with building standards applicable to new construction for the relevant type of occupancy with respect to number and placement.

(2) The State Fire Marshal shall charge an appropriate fee to the manufacturer of a carbon monoxide device to cover his or her costs associated with the approval and listing of carbon monoxide devices.

(b) A person shall not market, distribute, offer for sale, or sell any carbon monoxide device in this state unless the device and the instructions have been approved and listed by the State Fire Marshal."

HANDBOOK ENDS HERE

Authority cited: Sections 1530, 1530.5 and 115926 Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001).

Reference: Sections 1501, 1501.1, 1503.2, 1530, 1531, 1531.4, 115921, 115922(a), and 115923, 13260, 13261, 13262 and 13263, Health and Safety Code; Sections 361.2(j)-(j)(1)(B), 361.2(j)(2), 362.04, 11403, 16001.9 and 17710, Welfare and Institutions Code; and Commercial Practices, 16 C.F.R. Section 1513.6.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2016-0624-01N	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

AGENCY WITH RULEMAKING AUTHORITY
California Department of Social Services

For use by Secretary of State only

ORIGINAL

FILED

in the office of the Secretary of State
of the State of California

JUL 19 2016

At 1:48 O'Clock P M.By [Signature]
Deputy Secretary of StateAGENCY FILE NUMBER (If any)
ORD #0615-08

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) IHSS Health Care Certification		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) <u>180105</u> <u>18006 JED</u> <u>J.E., 07-19-2016</u>	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT	
TITLE(S) MPP		AMEND 30-754.2 incorporated form SOC 873 (10/16)	
		REPEAL	
3. TYPE OF FILING			
☐ Regular Rulemaking (Gov. Code §11346) ☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. ☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☒ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)			
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) ☐ File & Print ☐ Print Only			
☐ Emergency (Gov. Code, §11346.1(b)) ☐ Other (Specify) _____			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
☐ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) ☐ Effective on filing with Secretary of State ☒ \$100 Changes Without Regulatory Effect ☐ Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
☐ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal			
☐ Other (Specify) _____			
7. CONTACT PERSON Kenneth Jennings		TELEPHONE NUMBER (916) 651-8862	FAX NUMBER (Optional) (916) 654-3286
		E-MAIL ADDRESS (Optional) kenneth.jennings@dss.ca.gov	

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

BRIAN DOUGHERTY, Deputy Director, Administration Division

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUL 19 2016

Office of Administrative Law

Amend Section 30-754 to read:

30-754 HEALTH CARE CERTIFICATION

30-754

- .1 As a condition of receiving services, each applicant shall provide a health care certification.

.11 - .13 (Continued)

- .2 The health care certification shall be provided on a department-approved form, incorporated in its entirety herein by reference, the California Department of Social Services In-Home Supportive Services Program Health Care Certification (SOC 873 (10/16)).

.21 - .653 (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 12309.1, Welfare and Institutions Code.

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM HEALTH CARE CERTIFICATION FORM

A. APPLICANT/RECIPIENT INFORMATION (To be completed by the county)

Applicant/Recipient Name:

Date of Birth:

Address:

County of Residence:

IHSS Case #:

IHSS Worker Name:

IHSS Worker Phone #:

IHSS Worker Fax #:

B. AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION (To be completed by the applicant/recipient)

I, _____, authorize the release of health care information
(PRINT NAME)
related to my physical and/or mental condition to the In-Home Supportive Services program as it
pertains to my need for domestic/related and personal care services.

Signature: _____ Date: ____/____/____
(APPLICANT/RECIPIENT OR LEGAL GUARDIAN/CONSERVATOR)

Witness (if the individual signs with an "X"): _____ Date: ____/____/____

TO: LICENSED HEALTH CARE PROFESSIONAL* -

The above-named individual has applied for or is currently receiving services from the In-Home Supportive Services (IHSS) program. State law requires that in order for IHSS services to be authorized or continued a licensed health care professional must provide a health care certification declaring the individual above is unable to perform some activity of daily living independently and without IHSS the individual would be at risk of placement in out-of-home care. This health care certification form must be completed and returned to the IHSS worker listed above. The IHSS worker will use the information provided to evaluate the individual's present condition and his/her need for out-of-home care if IHSS services were not provided. The IHSS worker has the responsibility for authorizing services and service hours. The information provided in this form will be considered as one factor of the need for services, and all relevant documentation will be considered in making the IHSS determination.

IHSS is a program intended to enable aged, blind, and disabled individuals who are most at risk of being placed in out-of-home care to remain safely in their own home by providing domestic/related and personal care services. IHSS services include: housekeeping, meal preparation, meal clean-up, routine laundry, shopping for food or other necessities, assistance with respiration, bowel and bladder care, feeding, bed baths, dressing, menstrual care, assistance with ambulation, transfers, bathing and grooming, rubbing skin and repositioning, care/assistance with prosthesis, accompaniment to medical appointments/alternative resources, yard hazard abatement, heavy cleaning, protective supervision (observing the behavior of a non-self-directing, confused, mentally impaired or mentally ill individual and intervening as appropriate to safeguard recipient against injury, hazard or accident), and paramedical services (activities requiring a judgment based on training given by a licensed health care professional, such as administering medication, puncturing the skin, etc., which an individual would normally perform for him/herself if he/she did not have functional limitations, and which, due to his/her physical or mental condition, are necessary to maintain his/her health). The IHSS program provides hands-on and/or verbal assistance (reminding or prompting) for the services listed above.

**Licensed Health Care Professional means an individual licensed in California by the appropriate California regulatory agency, acting within the scope of his or her license or certificate as defined in the Business and Professions Code. These include, but are not limited to: physicians, physician assistants, regional center clinicians or clinician supervisors, occupational therapists, physical therapists, psychiatrists, psychologists, optometrists, ophthalmologists and public health nurses.*

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM HEALTH CARE CERTIFICATION FORM

Applicant/Recipient Name:

IHSS Case #:

C. HEALTH CARE INFORMATION (To be completed by a Licensed Health Care Professional Only)

NOTE: ITEMS #1 & 2 (AND 3 & 4, IF APPLICABLE) MUST BE COMPLETED AS A CONDITION OF IHSS ELIGIBILITY.

1. Is this individual unable to independently perform one or more activities of daily living (e.g., eating, bathing, dressing, using the toilet, walking, etc.) or instrumental activities of daily living (e.g., housekeeping, preparing meals, shopping for food, etc.)? ☐ YES ☐ NO

2. In your opinion, is one or more IHSS service recommended in order to prevent the need for out-of-home care (See description of IHSS services on Page 1)? ☐ YES ☐ NO

If you answered "NO" to either Question #1 OR #2, skip Questions #3 and #4 below, and complete the rest of the form including the certification in PART D at the bottom of the form.

If you answered "YES" to both Question #1 AND #2, respond to Questions #3 and #4 below, and complete the certification in PART D at the bottom of the form.

3. Provide a description of any physical and/or mental condition or functional limitation that has resulted in or contributed to this individual's need for assistance from the IHSS program:

4. Is the individual's condition(s) or functional limitation(s) expected to last at least 12 consecutive months OR expected to result in death within 12 months? ☐ YES ☐ NO

Please complete Items # 5 - 8, to the extent you are able, to further assist the IHSS worker in determining this individual's eligibility.

5. Describe the nature of the services you provide to this individual (e.g., medical treatment, nursing care, discharge planning, etc.):

6. How long have you provided service(s) to this individual?

7. Describe the frequency of contact with this individual (e.g., monthly, yearly, etc.):

8. Indicate the date you last provided services to this individual: ____ / ____ / ____

NOTE: THE IHSS WORKER MAY CONTACT YOU FOR ADDITIONAL INFORMATION OR TO CLARIFY THE RESPONSES YOU PROVIDED ABOVE.

D. LICENSED HEALTH CARE PROFESSIONAL CERTIFICATION

By signing this form, I certify that I am licensed in the State of California and all information provided above is correct.

Name:

Title:

Address:

Phone #:

Fax #:

Signature:

Date:

Professional License Number:

Licensing Authority:

PLEASE RETURN THIS FORM TO THE IHSS WORKER LISTED ON PAGE 1.